

Date: _____

No. _____

Fee: \$ _____

Remit fees to City Office

Name _____

Address _____

Project Address (If different from above) _____

Daytime Phone Number _____

Lot(s) _____

Block _____

Addition _____

WORK TO BE COVERED BY THIS PERMIT: New Alteration Principal Use Accessory Use Other
*Check all that apply

(May be filled in by City if not known)

Zoning District	Occupancy Classification
<input type="checkbox"/> AG	<input type="checkbox"/> Assembly
<input type="checkbox"/> AG-1	<input type="checkbox"/> Business
<input type="checkbox"/> R-1	<input type="checkbox"/> Educational
<input type="checkbox"/> R-2	<input type="checkbox"/> Factory/Industrial
<input type="checkbox"/> R-3	<input type="checkbox"/> High Hazard
<input type="checkbox"/> R-4	<input type="checkbox"/> Institutional
<input type="checkbox"/> C-1	<input type="checkbox"/> Mercantile
<input type="checkbox"/> C-2	<input type="checkbox"/> Residential
<input type="checkbox"/> I-1	<input type="checkbox"/> Storage
<input type="checkbox"/> I-2	<input type="checkbox"/> Utility/Misc.
<input type="checkbox"/> GB	
<input type="checkbox"/> P	

Stamped Plans
 Yes No

Floodplain
 Yes No
If yes, attach Flood Plain Development Form

Fire Marshall Approval
 Yes No
(Attach Copy of Approval)

Electrical
 Yes No
State Permit # _____

811 Locate Number (If known)

Principal Heating Source
 Gas Electric Resistance
 Air to Air Heat Pump
 Water Source Heat Pump

Water Heater
 Gas Electric

Backflow Device
 Yes No

Septic Tank/Drain Field
 Yes No
(If yes, attach plan approval from DEQ)

Wellhead Protection
 Yes No

Description of Project: _____

(Building; Move Building; Manufactured; Fence; Sprinkler System; Fireplace; Etc.)

Architect and / or Engineer _____ Address: _____
*MUST BE FILLED IN IF REQUIRED BY NEBRASKA ENGINEER'S AND ARCHITECT'S ACT:

General Contractor: _____ Address: _____

Contractors - Electrical: _____ Plumbing: _____ HVAC: _____

Building dimensions: _____ x _____ Above ground: Yes No Basement: Yes No

Height: _____ Number of stories _____ Garage: None Attached Detached

Structure Square Footage _____ **Estimated cost: \$** _____
(Excluding attached Garage - 3 stall maximum)

Work will commence _____ and be completed on or about _____
and will, in all respects, be constructed according to provisions of the ordinances of the City of Gothenburg.

I hereby certify that the above statements are correct and that if the building permit is issued all work will be done in accordance with the ordinances of the City of Gothenburg. **SIGNATURE REQUIRED FOR PERMIT APPROVAL.**

OWNER

DATE

A minimum 24-hour notice is required or all inspections. Please call the Building Inspector at 308-325-3309; or the city office at 308-537-3677 to schedule inspections.

APPROVED: DENIED _____

Comments or Reason for Denial _____

Building Inspector _____

Date _____

ATTEST: City Clerk _____

Date _____

Upon approval of your application, a signed and dated copy will be mailed to you and will serve as your building permit.

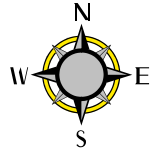
EXPIRATION OF BUILDING PERMIT.

If the work described in any building permit has not begun within 60 days from the date of issuance thereof or if the work described in any building permit has not been substantially completed within 18 months of the date of issuance thereof, the permit shall expire and be cancelled by the City Clerk and written notice thereof shall be given to the persons affected, together with notice that any work as described in the cancelled permit shall not proceed unless and until a new building permit has been obtained; provided, however, times for commencement or completion may be extended by the Planning Commission prior to the expiration of the time periods; and provided further, no building or other structure in the city shall be allowed to remain in an unfinished condition for a period of over six months nor shall any building or other structure in the city to be allowed to remain in an unsafe, damaged, or demolished condition for a period of more than 60 days

Complete Plot Plan & Indicate Curb Cuts Needed

Must be a DETAILED drawing of the lot; the structures affected; and distances from the lot line indicating all setbacks from the lot line to the structure. Streets with street names shall also be indicated on the drawing.

Drawings may be attached in lieu of filling out this section.



NOTICES:

1.) It is the applicant's obligation and responsibility to verify the existence underground facilities. **CALL DIGGER'S HOTLINE AT 811 BEFORE YOU DIG.** Web - <http://www.ne1call.com/>



2.) All renovations and demolitions may be subject to State and Federal regulations regarding asbestos removal. It is the contractor and owner's responsibility to determine applicability of the statutes and be in compliance with regulations. Information is available from State of Nebraska Dept. of Environmental Quality and Nebraska Dept. Health & Human Services.

CERTIFICATE OF OCCUPANCY

This Certificate is hereby issued pursuant to the requirements of the various codes and ordinances certifying that at the time of issuance this structure was in compliance with the adopted codes of the City of Gothenburg regulating building construction or use.

Use Classification _____ Building Permit No. _____

Type of Construction _____ Zoning _____

Contractor / Owner _____

Structure Address _____

Building Inspector

Date

Issuance of a certificate of occupancy shall not be construed as an approval of any violation any code or ordinance adopted by the City of Gothenburg.