Application for
BUILDING PERMIT

❑ City ❑ One-Mile Jurisdiction
❑ Residential ❑ Commercial

CITY OF MILFORD
BUILDING & SAFETY DEPARTMENT
PO Box 13 • 505 1st St • Milford NE 68405
Phone: (402) 761-3247 FAX: (402) 761-2734
BUILDING OFFICIAL
(402) 641-4913

Please allow 1 day for inspections.

Street Address _____ Apt _____

Lot _____ Block _____

Subdivision Name _____

NOTE ... Separate Permits are Required for: Electrical, Plumbing, Mechanical.

BUILDING PERMIT B 16 - _____

The undersigned hereby applies for a permit for: ❑ New ❑ Enlarge/Addition ❑ Move ❑ Interior/Alteration

DESCRIBE WORK TO BE DONE: _____

_____

_____

USE OF BUILDING (description): _____ Size _____ x _____

_____ Height _____ # of Units _____

_____ # of Stories _____

TOTAL CONSTRUCTION COST $ _____
(includes general, electric, plumbing, mechanical, etc.)

OCCUPANCY CERTIFICATE _____

The undersigned hereby applies for a Certificate of Occupancy.

Mail Certificate To: **(Print or Type)**

Name _____

Address _____

City/State/Zip Code _____

FINAL INSPECTION DATE ■ OFFICE USE

Occupancy Approved by: _____ Final Date: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified or not. The final lot grading will be in general conformance with the approved preliminary plat grading plan and erosion control measures shall be installed and properly maintained to avoid sediment runoff in violation.

The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 60 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.

Property Owner _____

Tenant _____

Engineer/Architect _____

Contractor _____

Contractor Mobile Phone # _____ FAX # _____

APPLICANT

Print Name: _____ Day Phone # _____

Signature: _____ Date _____

Office Use Only

Permit No. **B 16 -** _____

Building Permit:	$ _____
Plan Review:	$ _____
Special Permit Review:	$ _____
Additional Review:	$ _____
Miscellaneous Fee	$ _____
TOTAL FEES:	**$** _____
Balance Due	$ _____

Fin. Floor Area	_____	Sq. Ft. $ _____
Fin. Bsmt.	_____	Sq. Ft. $ _____
Unfin. Bsmt.	_____	Sq. Ft. $ _____
Garage	_____	Sq. Ft. $ _____
AG Building	_____	Sq. Ft. $ _____

Zoning District	_____
Occupancy Group	_____
Type of Construction	_____
Flood Plain Permit #	_____
Special Permit #	_____
Bd. of Zoning Appeals #	_____
House Moving Permit #	_____

Water Dept. Approval:

_____

Date _____

Building Application Approval:

_____

Date _____