

Street Address _____ Apt _____

Lot _____ Block _____

Subdivision Name _____

Permit No. **M 16** - _____

Building Permit # **B 16** - _____

Application for HVAC/Gas Piping Permit

Check Appropriate Boxes:

- Residential Commercial
 New Replacement Remodel

Please allow 1 day for inspections.

I, the undersigned, hereby make application for the following:
Heating/Cooling/Ventilating/Gas Piping

Describe work to be done:

Owner Name _____			
Work Phone # _____		Hm Phone # _____	
Owner Address _____		City _____	State _____ Zip _____
Name of Tenant or Management Co. _____			Phone # _____
CONTRACTOR _____		Phone # _____	
Mailing Address _____		City _____	State _____ Zip _____
<p>I certify that I have read this application and state that the above information is correct. I agree to comply with all state laws and the Milford Municipal Code, and hereby authorize the City's representative to enter upon the above-mentioned property for inspection purposes.</p>			
Applicant Signature X _____			
Date: _____			
<p>PERMIT EXPIRATION: _____</p> <p>This permit shall expire and become null and void if the work authorized by this permit is not commenced within 60 DAYS from the date of this permit, or work authorized by this permit is suspended or abandoned at any time after work is commenced for a period of 1 YEAR. A new permit shall be obtained before work can be recommended.</p>			

PERMIT FEE: **RESIDENTIAL \$50.00**
 COMMERCIAL \$80.00

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

Permit Issued By: _____ Date _____