

Application for BUILDING PERMIT

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

- City One-Mile Jurisdiction
 Residential Commercial

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 18 - _____

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 ONLY

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 18** - _____
 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 _____