

Street Address _____ Apt _____

Lot _____ Block _____

Subdivision Name _____

Permit No. **M 25** - _____

Building Permit # **B 25**- _____

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 _____

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.

Applicant

Signature X _____

Date: _____

PERMIT EXPIRATION:

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.

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

CITY OF MILFORD
BUILDING & SAFETY DEPARTMENT
PO Box 13 ♦ 402 1st St ♦ Milford NE 68405
Phone: (402) 761-3247
BUILDING OFFICIAL
(402) 641-2549

Permit Issued By: _____ Date _____