

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_

Subdivision Name \_\_\_\_\_

Building Permit # **B 24-** \_\_\_\_\_

## Application for HVAC/Gas Piping Permit

Check Appropriate Boxes:

- ☐ Residential      ☐ Commercial  
☐ New      ☐ Replacement      ☐ Remodel

**Please allow 1 day for inspections.**

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 No. **M 24 -** \_\_\_\_\_

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

Describe work to be done:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_