

Permit No. **P 24** - _____

Street Address _____ Apt _____

Lot _____ Block _____

I, the undersigned, hereby make application for a:

Subdivision Name _____

Type of Permit	#
Private Water	
Up to 1-inch	
Greater than 1-inch	
Each water Tap on private water main	
Water Heater: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	
Vacuum Breaker	
Water Closet/Urinal	
Lavatory	
Bathtub	
Sink	
<input type="checkbox"/> Floor Drain <input type="checkbox"/> Roof Drain	
Shower	
Change location of plumbing fixture	
Repair storm/sanitary sewer outside of building	
New Water / Waste Piping	
Miscellaneous items	
Gas Piping	
New Construction (1-5 Outlets)	
Each Additional Out	
Gas Piping <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration	
Excavation: <input type="checkbox"/> Street <input type="checkbox"/> Parking <input type="checkbox"/> Alley	

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

Describe work:

Application for

Check Appropriate Boxes:

- ☐ Residential
- ☐ Commercial
- ☐ New
- ☐ Replacement
- ☐ Remodel

Plumbing Contractor: _____

Building Permit # **B 24** - _____

Owner Name _____ Phone No. _____

Owner Address _____ City _____ State _____ Zip _____

Tenant Name (If other than Owner) _____ Tenant Phone No. _____

Please allow 1 day for inspections.

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.

CONTRACTOR _____ Phone No. _____

Mailing Address _____ City _____ State _____
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 the work is commenced for a period of **1 year**. A new permit shall be obtained before work can be recommenced

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:** _____