

Permit No. **P 25** - \_\_\_\_\_

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

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

*I, the undersigned, hereby make application for a:*

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

Type of Permit	#
<b>Private Water</b>	
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	
<b>Gas Piping</b>	
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	

## Application for

Check Appropriate Boxes:

- Residential       Commercial  
 New                   Replacement       Remodel

Plumbing Contractor: \_\_\_\_\_

Building Permit # **B 25** - \_\_\_\_\_

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

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

Describe work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_