CITY OF NELIGH APPLICATION FOR BUILDING AND FENCE PERMIT NO._____

Name:			Phone (O	ffice):	Phone #:
Mailing Address:		F	Proposed site add	ress:	
	Lot	Block	Lot Size	_ Total Size	Zoning District
Type of Improvement					only [] Other
	[] Alteration	[] Repai	r, Replacement	[] Fence	
Ownership:	[] Private (ind	lividual, corpora	ation, nonprofit in	stitution, etc.)	[] Commercial
Total Cost of Improve	ment: \$		Proposed Use:		
Building Contractor: Phone #:			Electrical Contra Phone #:	actor:	
Masonary Contractor: Phone #:			Plumbing Contr Phone #:	actor:	
For further information, u	utilities may be	contacted: Wat	er/ Sewer: 402-8	87-4443 Neligh	n Electric: 402-887-5042
Phone: 811. Ticket No:	DINGS must com	nply with Americ	cans with Disabilit	ies Act regulation	to avoid unnecessary damag ons (ADA) and engineers and Date
*A plan that meets all thre square feet, does not exce					rchitect if less than 5,000
*Does project fall w	ithin airport	zoning terri	tory?		
Approval date from					
Type of Siding Materi	onry [] Wood F al	т		aterial	[] Other(specify)
Type of Heating Fuel: Type of Sewage Dispo					
Type of Sewage Dispo			[] Private (well,		
Electrical Service Size		- a:			_
Dimensions: Height Width an Total are	d Length a, square feet				
Site or Plot Plan: A dia shape and placement of b					is application, showing size, operty lines
	e City of Neligh	and the State	of Nebraska. Perm	nit expires if bui	k will be done in accordance Iding construction is not beg m date of issuance.
Applicant Signature:			Da	ite:	

BOARD OF ADJUSTMENT The Board of Adjustment has the power to conduct a hearing in which building applications do not meet city requirements and a variance is requested. Fee to cover publication is \$75.00. The City Council has the power to grant a special use permit for fence applications that no not meet city ordinance and a variance is requested. Date of Publication: _____ Date of Hearing: _____ Date Paid: _____ Receipt No: _____ Yeas: _____ Nays: _____ All permits shall be inspected. Call the City Office at **BUILDING PERMIT FEES:** 402-887-4066 for the following: To and including \$1,000 value \$10.00minimum Before construction: Check Lot Lines Flag Corners 1,001 to \$15,000 value Plus \$1.00 per \$1,000 Date ____ Inspector_____ \$15,001 to \$50,000 value Plus \$0.75 per \$1,000 Footings ready for concrete (NOT POURED): Plus \$0.50 per \$1,000 Over \$50,001 Date Inspector Property Pin Location Assistance \$25.00 nonrefundable **Plumbing:** Uncovered plumbing to check for proper \$ 10.00 backflow or cross connection. Separate Building Inspection Deposit: \$250.00 Date_____Inspector____ Date Inspection Deposit Returned: Fence application reviewed by Electrical Superintendent: Date_____Recommendation_____Inspector____ OFFICE PERSONNEL ONLY Date Issued: Fee Paid: Enter payment in Cash Register (Bldg Permit 100-1180) Print Receipt Batch No: Collect separate Inspection deposit check of \$250.00. Photocopy all pages for applicant. Scan and email application to County Assessor at assessor@antelopecounty.org. Note on our copy date emailed. Save scanned copy into S: Permits Building Moving Demo/ Building Permits/Approved Building Permits/ applicable

City of Neligh, by______, Title______,

year/save in that year.

Building Diagram

A diagram (does not need to be in scale) must be submitted with this application, showing size, shape and placement of building or fence to be constructed in reference to adjoining property lines.

NORTH

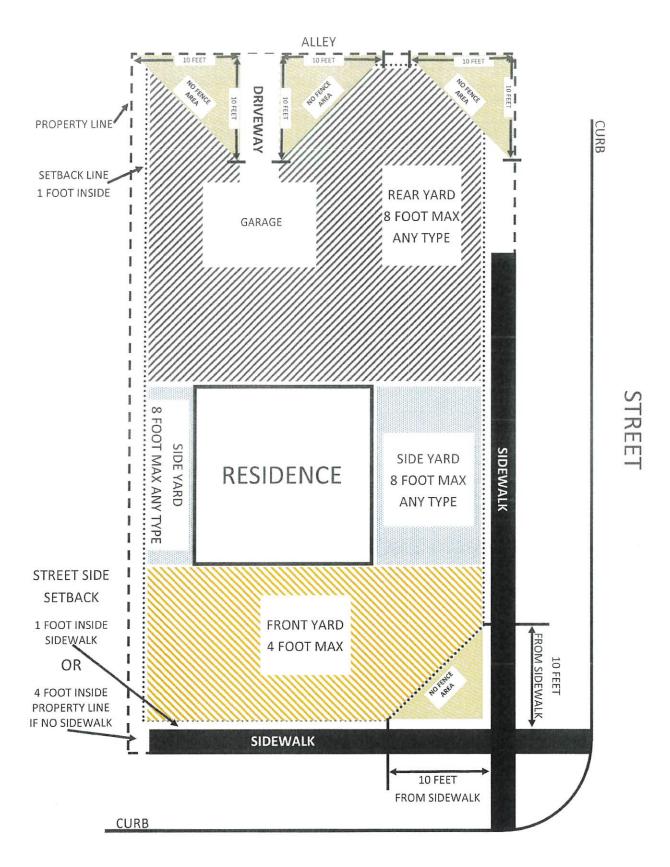
WEST EAST

ANTELOPE COUNTY ASSESSOR'S BUILDING PERMIT

This statement is required, pursuant to State Statute 77-1318.01, for improvements and alterations to improvements to real estate.

A. A										
Date										
Owner of Property										
Person Requesting	erson Requesting Telephone Number									
Parcel # Legal Descript. Of Property										
Physical Address of Property _										
Start Date Expected Completion Date										
Structures removed for constru	uction (before/after)									
	RESIDENTIAL IMPROVEMENTS									
HOUSES										
	Mobile Home Home Addition Remodeling									
Additions & Remodeling (type	& description)# of stories									
	# of fireplaces # of stories ons: W L H Siding type									
Poofing H\	AC Basement Dimensions: W L H									
Racament Area Finished	Basement Area Unfinished									
basement Area i misneu	DOJUNION ON THE PROPERTY OF TH									
GARAGES										
Type: Attached Deta	ched									
Interior Finish	Floor Type									
MISCELLANEOUS										
Improvement type/description										
	H Floor Type									
Exterior Cover										
Heating/Cooling	will it have living area? Yes No									
	RURAL/COMMERCIAL IMPROVEMENTS									
GRAIN BINS										
Brand Name:										
Type: Storage	Aeration Drying Hi-Moisture									
iameter Height Augers: Horizontal Vertical										
Bushels	Other Equipment									
ELEVATOR LEG										
Bushels/Hour	Height									

CONFINEMENTS								
Type: (Turkey, Pig, Et	c)	Connected to an existing building? Yes No						
Brand Name:		# of Head for Full Capacity:						
Type: Gestation	Nursery	Farrow	Mod O _I	Mod Op Finish CI Finish		Dairy		
Dimensions: W	L	H	Frame Ty	pe: Wood _	Met	al		
Wall Type: Wood	Metal_	E	Block	Poured	Cement			
Floor Type: Concrete	Slot	Pit	Dirt	Oth	er	The state of the s		
HVAC Type: Elect. Ra	diant Panels	Forced Air	Hot W	ater Radian	t Hang	ging Space		
Heaters Pack	age Heat/Cool	Other_						
# of Hopper Bins:	Size of	Hopper Bins:						
New lagoon to be con	nstructed with the	e new confin	ement? Yes _	No _				
If yes: Length	Width	Depth	Clay l	iner	Cement Lir	ner		
IMPLEMENT BUILDIN	IGS/CLOSED SHE	DS						
Brand Name:			£ =					
Type: STR Wall	Slant Wall	Quonset				H		
Frame: Wood	Metal	# Ove	erhead Doors					
Floor: Concrete	Other	Wall: Woo	/ bc	letal	Block	Concrete		
Plumbing Fixtures	HVAC (if	applicable)_		Wa	all Cover			
Living Quarters/Offic	e/Etc: Yes	No	Dimens	ions: W	L	H		
Primary Use								
Floor Type	oor Type HVAC			# of Bathrooms				
Additional Plumbing (kitchen, laundry, etc.)								
SKETCH AREA								
Please provide a deta	iled drawing inclu	iding location	n of improver	nent on pro	perty and surr	ounding roads.		
	,	-			TO 15	9 0 2		
I hereby certify that t								
give permission to Ar	itelope County A	ssessor and/	or staff to in	spect this pr	operty for ass	essment purposes.		
Signature					Date			
		alala Alala	L.					
TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	e to sign this form v	olus this permit						



STREET