CITY OF NELIGH

APPLICATION FOR BUILDING AND FENCE PERMIT NO._____

| Name: | | | Phone (O | ffice): | Phone #: |
|---|----------------------------|------------------|-------------------------------|---------------------|--|
| Mailing Address: | | | Proposed site add | ress: | |
| | Lot | Block | Lot Size | Total Size | Zoning District |
| Type of Improvement: | | | | | only [] Other |
| | [] Alteration | [] Repa | ir, Replacement | [] Fence | |
| Ownership: | [] Private (ind | ividual, corpora | ation, nonprofit in | stitution, etc.) | [] Commercial |
| Total Cost of Improve | ment: \$ | | Proposed Use: | | |
| Building Contractor: Phone #: | | | Electrical Contra Phone #: | | |
| Masonary Contractor: Phone #: | | | Plumbing Contr Phone #: | actor: | |
| For further information, u | tilities may be o | contacted: Wat | er/ Sewer: 402-8 | 87-4443 Neligh | Electric: 402-887-5042 |
| All applicants or contractor Phone: 811. Ticket No: | | = | | re construction | to avoid unnecessary damage |
| *ALL COMMERCIAL BUILD architects' regulation func | | | | | ons (ADA) and engineers and Date |
| *A plan that meets all thre square feet, does not exce | | | | | chitect if less than 5,000 |
| *Does project fall wi | thin airport | zoning terri | tory? | | |
| | | 10772 | 1.27 | | |
| Approval date from | (FAA): | | | | |
| Selected Characteristics of Type of Frame: [] Mason Type of Siding Material | onry [] Wood Fi | | | | |
| Type of Heating Fuel: | ī | l Gas | [] Flectricity [| 1 Other-specify | |
| Type of Sewage Dispos | | | | | |
| Type of Water Supply: | | | [] Private (well, o | | |
| Electrical Service Size | | · · | 17 (T) | , | -1 |
| Dimensions: Height Width and Total area | d Length I, square feet | | | | |
| Site or Plot Plan: A diag | | | | | s application, showing size, perty lines |
| | City of Neligh | and the State o | f Nebraska. Perm | it expires if build | will be done in accordance ding construction is not begundate of issuance. |
| Applicant Signature: | | | Dat | :e: | |

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 \$60.00. 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): Over \$50,001 Plus \$0.50 per \$1,000 Date_____Inspector____ Property Pin Location Assistance \$25.00 nonrefundable Plumbing: Uncovered plumbing to check for proper \$ 10.00 Fences 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 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.

| | | Build | ing Di | agrar | n | | | |
|---------------------------------------|-----------------------|--|------------|---|--|--|---|--|
| | A diagra | m (does not d with this a nd placemer ted in refere | need to | be in sca | ale) must l | pe | | |
| | submitte | d with this a | pplication | າ, showir | ig size, | | | |
| | construc | la placemer led in refere | nce to ac | ling of te | roperty li | nes | | |
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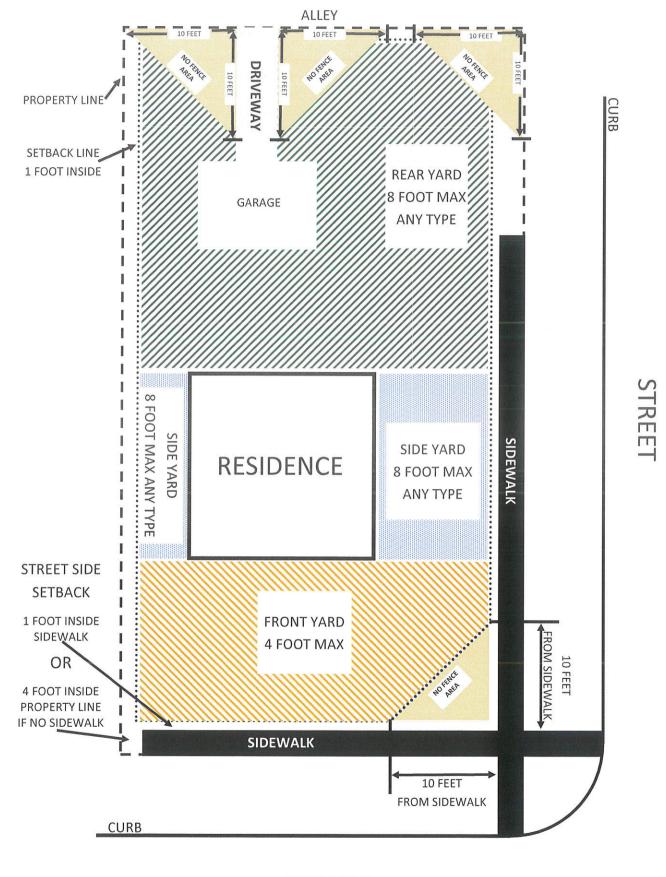
ANTELOPE COUNTY ASSESSOR'S BUILDING PERMIT

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

| Date | | | | | | | | | |
|---------------------------------|--------------------------------|--------------------------|--|--|--|--|--|--|--|
| Owner of Property | | | 9 | | | | | | |
| | on Requesting Telephone Number | | | | | | | | |
| Parcel # Leg | al Descript. Of Pr | operty | | | | | | | |
| Physical Address of Property | | | | | | | | | |
| Start Date | Ехр | ected Completion D | | | | | | | |
| Structures removed for construc | ction (before/afte | er) | | V <u>u</u> | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | RESIDEN | TIAL IMPROVEMEN | <u>TS</u> | | | | | | |
| HOUSES | | | | | | | | | |
| Conventional Modular | Mobile | Home Hom | e Addition _ | Remodeling | | | | | |
| Additions & Remodeling (type & | description) | | 1000 | 2 A 200 A 2 TO 1 A 20 | | | | | |
| # of bathrooms | # of firepla | aces | # of s | tories | | | | | |
| House Dimensions: W I | H | Siding type | | | | | | | |
| Roofing HVA | AC . | Basement D | Dimensions: V | N L H | | | | | |
| Basement Area Finished | B | asement Area Unfin | ished | | | | | | |
| | | | | | | | | | |
| GARAGES | | | | | | | | | |
| Type: Attached Detac | ned Ca | rport | Size: W | L H | | | | | |
| Interior Finish | | Floor Type | | | | | | | |
| MISSELLANEOUS | | | | | | | | | |
| MISCELLANEOUS | | | | | | | | | |
| Improvement type/description _ | | | | | | | | | |
| Dimensions: W L | | The second second second | | No | | | | | |
| Exterior Cover | | | 70.22.07 77 77 78 TO | | | | | | |
| Heating/Cooling | | will it have living | area: res | 110 | | | | | |
| | BUBAL/COM | MEDCIAL INADDOVEN | JENITS | | | | | | |
| | NONAL/ COIVII | MERCIAL IMPROVEN | MEIRIS | | | | | | |
| GRAIN BINS | | | | | | | | | |
| Brand Name: | | | | | | | | | |
| Type: Storage | Aeration | Drying | | Hi-Moisture | | | | | |
| Diameter Height | | | | | | | | | |
| BushelsO | | | | | | | | | |
| 18 | | | | | | | | | |
| ELEVATOR LEG | | | | | | | | | |
| Rushels/Hour | | Height | | | | | | | |

| Type: (Turkey, Pig, Etc) Connected to an existing building? Yes No Brand Name: # of Head for Full Capacity: Type: Gestation Nursery Farrow Mod Op Finish CI Finish Dairy |
|--|
| Brand Name: # of Head for Full Capacity: |
| |
| |
| Dimensions: W L H Frame Type: Wood Metal |
| Wall Type: Wood Metal Block Poured Cement |
| Floor Type: Concrete Slot Pit Dirt Other |
| HVAC Type: Elect. Radiant Panels Forced Air Hot Water Radiant Hanging Space |
| Heaters Package Heat/Cool Other |
| # of Hopper Bins: Size of Hopper Bins: |
| New lagoon to be constructed with the new confinement? Yes No |
| If yes: Length Width Depth Clay Liner Cement Liner |
| |
| IMPLEMENT BUILDINGS/CLOSED SHEDS |
| Brand Name: |
| Type: STR Wall Slant Wall Quonset Dimensions: W L H |
| Frame: Wood Metal # Overhead Doors |
| Floor: Concrete Other Wall: Wood Metal Block Concrete |
| Plumbing Fixtures HVAC (if applicable) Wall Cover |
| |
| Living Quarters/Office/Etc: Yes No Dimensions: W L H |
| Primary Use |
| Primary Use HVAC # of Bathrooms |
| Additional Plumbing (kitchen, laundry, etc.) |
| Wall Cover: Additional Info |
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| SKETCH AREA |
| Please provide a detailed drawing including location of improvement on property and surrounding roads. |
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| hereby certify that the above information is true and correct to the best of my knowledge. By signing this, I |
| hereby certify that the above information is true and correct to the best of my knowledge. By signing this, I give permission to Antelope County Assessor and/or staff to inspect this property for assessment purposes. |
| give permission to Antelope County Assessor and/or staff to inspect this property for assessment purposes. |
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Revised 08/2019 -bw



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