

CITY OF NELIGH

APPLICATION FOR BUILDING AND FENCE PERMIT NO. _____

NAME: _____ DATE: _____

ADDRESS: _____ Phone #: _____

I. Location of Building: _____ (No. and Street)
Between _____ (Cross Street) and _____ (Cross Street)
Lot _____ Block _____ Lot Size _____ Total Size: _____ Zoning Dist: _____

II. Type and cost of Building

A. Type of Improvement New Building Addition
 Alteration Wrecking Repair, Replacement
 Foundation only Fence

B. Ownership

Private (individual, corporation, nonprofit institution, etc.)
 Commercial

C. Total Cost of Improvement \$ _____

D. Proposed Use _____

*(NOTE: ALL COMMERCIAL BUILDINGS MUST COMPLY WITH AMERICANS WITH DISABILITIES ACT REGULATIONS (ADA) AND ENGINEERS AND ARCHITECTS REGULATION ACT AS PER NEBRASKA STATE FIRE MARSHAL)

Fire Marshal Approval Date _____

*A plan that meets all three following criteria are exempt from the seal of an engineer or architect if less than 5,000 square feet, does not exceed 30 feet in height, or occupy less than 20 people.

III. Selected Characteristics of Building

E. Principal Type of Frame

Masonry (wall bearing) Wood Frame Structural Steel
 Reinforced Concrete Other – specify _____

F. Type of Siding Material _____

G. Type of Fence Material _____

H. Principal Type of Heating Fuel

Gas Electricity Other-specify _____

I. Type of Sewage Disposal

Public Private (septic tank, etc.) Permit No. _____

J. Type of Water Supply

Public Private (well, cistern)

K. Electrical Service Size _____

L. Dimensions

Height _____

Width and Length _____

Total area, square feet _____

IV. Site or Plot Plan

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 (page 3 of application)

V. Accessory Use Buildings

See Ordinance No. 461 for accessory use building regulations. Those more than 100 square feet must meet the following requirements:

- a) Can not exceed 15 feet in height at its highest point or the height of the adjacent principal structure if the principal structure is less than 15 feet at its highest point
- b) Covered with siding customary and compatible to the existing residential structure
- c) Compatible and comparable overhang as the principal structure or no less than 12 inches
- d) Minimum 4/12 pitched roof

VI. Contractors

Masonary _____ Phone _____

Electrician _____ Phone _____

Carpenter _____ Phone _____

Plumber _____ Phone _____

All applicants or contractors shall call Diggers Hotline at least 3 days before construction to avoid unnecessary damage. Phone: 811. Ticket No: _____

For further information, the following utilities may be contracted:

Water and Sewer: 402-887-4443

Neligh Electric: 402-887-5042

Black Hills Energy: 1-800-563-0012

Great Plains TV: 1-800-642-8292

Frontier Telephone: 1-800-921-8101

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: _____

BUILDING PERMIT FEES:

To and including \$1,000 value	\$5.00 minimum
\$1,001 to \$15,000 value	Plus \$1.00 per \$1,000
\$15,001 to \$50,000 value	Plus \$0.50 per \$1,000
Over \$50,001	Plus \$0.25 per \$1,000

Separate Building Inspection Deposit: \$25.00 (returned after inspections)
 Fences \$10.00

 All permits shall be inspected. Call the City Office at 402-887-4066 for the following:

- Before construction:** Check Lot Lines _____ Flag Corners _____
 Date _____ Owner _____ Inspector _____
- Footings ready for concrete (NOT POURED):
 Date _____ Owner _____ Inspector _____
- Plumbing: All plumbing in before covered to check for proper backflow or cross connection.
 Date _____ Owner _____ Inspector _____
- Fence application reviewed or recommendation by Electrical Superintendent:
 Date _____ Recommendation _____ Inspector _____

Date Inspection Deposit Returned: _____

Building Permit No: _____ Date Issued: _____

Fee Paid: _____ Receipt No: _____

City of Neligh, by _____, Title _____

I hereby certify that the proposed work is authorized by the owner of record and all work will be done in accordance with the ordinances of the City of Neligh and the State of Nebraska. Permit expires if building construction is not begun within 90 days or completed within two years of application; fences expire 6 months from date of issuance.

Applicant Signature: _____ Date: _____

Address: _____

BUILDING DIAGRAM

Show dimensions from all property lines.



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 _____

Person Requesting _____ Telephone Number _____

Parcel # _____ Legal Descript. Of Property _____

Physical Address of Property _____

Start Date _____ Expected Completion Date _____

Structures removed for construction (before/after) _____

RESIDENTIAL IMPROVEMENTS

HOUSES

Conventional _____ Modular _____ Mobile Home _____ Home Addition _____ Remodeling _____

Additions & Remodeling (type & description) _____

of bathrooms _____ # of fireplaces _____ # of stories _____

House Dimensions: W _____ L _____ H _____ Siding type _____

Roofing _____ HVAC _____ Basement Dimensions: W _____ L _____ H _____

Basement Area Finished _____ Basement Area Unfinished _____

GARAGES

Type: Attached _____ Detached _____ Carport _____ Size: W _____ L _____ H _____

Interior Finish _____ Floor Type _____

MISCELLANEOUS

Improvement type/description _____

Dimensions: W _____ L _____ H _____ Floor Type _____

Exterior Cover _____ Electricity/Plumbing? Yes _____ No _____

Heating/Cooling _____ Will it have a living area? Yes _____ No _____

RURAL/COMMERCIAL IMPROVEMENTS

GRAIN BINS

Brand Name: _____

Type: Storage _____ Aeration _____ Drying _____ Hi-Moisture _____

Diameter _____ Height _____ Augers: Horizontal _____ Vertical _____

Bushels _____ Other Equipment _____

ELEVATOR LEG

Bushels/Hour _____ Height _____

CONFINEMENTS

Type: (Turkey, Pigs, 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 _____
Dimensions: W _____ L _____ H _____ Frame Type: Wood _____ Metal _____
Wall Type: Wood _____ Metal _____ Block _____ Poured Cement _____
Floor Type: Concrete _____ Slot w/ Pit _____ Slotted _____ 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 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 _____ Wall Cover _____

Living Quarters/Office/Etc: Yes _____ No _____ Dimensions: W _____ L _____ H _____
Primary Use _____
Floor Type _____ HVAC _____ # of Bathrooms _____
Additional Plumbing (kitchen, laundry, etc.) _____
Wall Cover: _____ Additional Info _____

SKETCH AREA

Please provide a detailed drawing including location of improvement on property and surrounding roads.

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.

Signature _____ Date _____

***** Failure to sign this form voids this permit

