



**PLEASE ALLOW A MINIMUM OF SEVEN BUSINESS DAYS FOR PROCESSING.**

**BEFORE YOU DIG, CALL DIGGERS HOTLINE: 811**

Otoe County/City of Nebraska City  
1409 Central Avenue  
Nebraska City, NE 68410-2223

Building Inspector  
Phone (402) 873-6509  
Fax (402) 873-5685

**2012 International Building and 2012 International Residential Code**

Date: \_\_\_\_\_ PLEASE MAKE CHECKS PAYABLE TO: CITY OF NEBRASKA CITY Permit: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Property Address: \_\_\_\_\_ Zoning: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
Legal Description: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_  
Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ State Contractor #: \_\_\_\_\_

**The applicant is applying for a permit to: (Check all that apply)**

\_\_\_\_ Renovation of Structure Built Prior to 1978 (lead form) **Structure Type:** \_\_\_\_\_  
\_\_\_\_ **Construct a New Structure**  
\_\_\_\_ **Alter a Structure**  
\_\_\_\_ **Enlarge a Structure**  
\_\_\_\_ Fence (Linear Feet and Height \_\_\_\_\_)  
\_\_\_\_ Construct a Garage/Storage Shed  
\_\_\_\_ Deck / Porch Front / Rear (Circle all that apply)  
\_\_\_\_ Pole Building (Sq ft: \_\_\_\_\_)  
\_\_\_\_ Other: \_\_\_\_\_  
Number of Levels: \_\_\_\_\_  
First Floor Living Area (sq ft.): \_\_\_\_\_  
Second Floor Living Area (sq ft.): \_\_\_\_\_  
Unfinished Basement (sq. ft.): \_\_\_\_\_  
Finished Basement (sq ft.): \_\_\_\_\_  
Slab On Grade/Footing (sq ft): \_\_\_\_\_  
Garage/Storage Shed: L \_\_\_\_\_; W \_\_\_\_\_; H \_\_\_\_\_  
Front / Rear Deck (sq ft.): \_\_\_\_\_  
Front / Rear Porch (sq ft.): \_\_\_\_\_  
**With the Intended Use of:**  
\_\_\_\_ Residence – Single Family  
\_\_\_\_ Residence – Multi Family  
\_\_\_\_ Commercial (Plans to State Fire Marshal’s Office also)  
\_\_\_\_ Garage/Storage Shed  
**Calculated Value of Construction:** \_\_\_\_\_  
(Value – Labor + Materials)  
or ICC Building Valuation Data Table: \_\_\_\_\_

**Please detail the future use of what the structure will be used for:**

Architect: \_\_\_\_\_ Cell: \_\_\_\_\_ Plumber: \_\_\_\_\_ Cell: \_\_\_\_\_  
Electrician: \_\_\_\_\_ Cell: \_\_\_\_\_ Heating: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby affirm the correctness of the above data and further, that I will abide and certify that my subcontractors will abide by the plumbing, electric heating and applicable building code of the city/county. \*\*\*\*\* Construction must begin within 180 days of issuance to make permit valid. \*\*\*\*\*

**Deposit Due:** \_\_\_\_\_ **plus Permit Fee:** \_\_\_\_\_ **= Total Amount Due:** \_\_\_\_\_  
Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Deposit Returned: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Applicant** **Signature of Applicant**  
\_\_\_\_\_  
Building Inspector Zoning Administrator City Clerk

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**(402) 873-6509 Please notify our office 24 Hours in advance for inspections that you need. – Thank you. (402) 873-6509**

**CHECKLIST FOR INSPECTIONS:**

\_\_\_\_ Set of Plans with Check & Application  
\_\_\_\_ Footings: Prior to Pouring Concrete  
\_\_\_\_ Plumbing: Drains Under Basement Floor  
\_\_\_\_ Plumbing: Water Line  
\_\_\_\_ Sewer/Septic/Lagoon  
\_\_\_\_ Framing Rough-in\*  
\_\_\_\_ Plumbing Rough-in\*  
\_\_\_\_ Mechanical Rough-in\*  
\*These inspections need to be completed at the same time \*  
\_\_\_\_ Final Inspection Prior to Occupancy

**Final Inspection Date:** \_\_\_\_\_

**ALL FEES MUST BE PAID WHEN APPLICATION IS MADE.  
NO PERMIT WILL BE ISSUED UNTIL PROPER FEES ARE PAID.**

**YOUR SPECIAL ATTENTION is called to the following:**

This permit is granted on the express condition that the said construction shall in all respects conform to the Ordinances of this jurisdiction including any Zoning Ordinances regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of ordinances.

A weatherproof placard given at the time the permit is issued must be displayed on premises. The department must be notified and inspection made of prior construction work as requested on weather card. All new buildings and additions or alterations to existing buildings require a minimum of four (4) inspections: (1) Footings, drain tile systems, foundation and basement walls, when walls are at least four feet high, but before back filling and before proceeding with the superstructures. (2) All plumbing, building drain, building sewer and rough in. (3) Framing prior to lath or gypsum board covering but after fire stopping, electrical, plumbing and mechanical systems are installed. (4) Final inspection when building or structure is completed.

**On jobs involving reinforced concrete work, inspection must be made after steel is in place but before the concrete is poured.**

The department reserves the right to reject any work which has been concealed or completed without first having been inspected and approved by the Department in accordance with the requirements of the various codes.

Any deviation from approved plans must be authorized with the approval of revised plans subject to the same procedure established for the examination of the original plans.

**The permit is not valid if construction work has not started within 180 days from the date the permit is issued.**

Request for final inspection should be made by postcard or a phone call to this department when construction work is completed and all mechanical systems are installed. Painting, flooring or decorating is not required before Final Building Inspection.

**Final Inspection and Certificate of Occupancy must be obtained before occupying the building. (402) 873-6509**

Please mark the location of the proposed structure in the section below:

NW ¼	NE ¼
SW ¼	SE ¼

\*Any engineering charges incurred for drainage review or additional plan review, as deemed necessary by the Building Inspector, will be added to the Building Permit charges

Show all dimensions of your Lot: Building, Front, Side & Rear set backs and location of any existing buildings below:

**Property/Lot Line in Bold**

Street or Road Name _____	
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