

APPLICATION FOR PERMIT:

___ Building ___ Electrical ___ Mechanical ___ Plumbing
 Douglas County ___ City of Bennington ___

PERMIT # _____

JURISDICTION OF DOUGLAS COUNTY, NEBRASKA

DOUGLAS COUNTY ENVIRONMENTAL SERVICES
 3015 Menke Circle, Omaha, NE. 68134
 Phone: (402) 444-7189 • Fax (402) 444-4963 www.dceservices.org

PERMIT FEE: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ (Receipt #): _____ CREDIT CARD TYPE: _____ (there is a service fee) (Receipt #): _____
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To be completed by applicant:

JOB ADDRESS:		TYPE OF CONSTRUCTION:
LEGAL DESCRIPTION (including section-township-range):		PARCEL ID #:
OWNER NAME:	ADDRESS:	DAY PHONE #:
OWNER EMAIL ADDRESS:		
GENERAL CONTRACTOR:	ADDRESS:	DAY PHONE #:
GENERAL CONTRACTOR EMAIL ADDRESS:		
ELECTRICAL CONTRACTOR:	ADDRESS:	DAY PHONE #:
ELECTRICAL CONTRACTOR EMAIL ADDRESS:		
PLUMBING CONTRACTOR:	ADDRESS:	DAY PHONE #:
PLUMBING CONTRACTOR EMAIL ADDRESS:		
MECHANICAL CONTRACTOR:	ADDRESS:	DAY PHONE #:
MECHANICAL CONTRACTOR EMAIL ADDRESS:		
DESCRIPTION OF WORK:		
AREAS IN SQUARE FEET: Main: _____ 2 nd Floor: _____ 3 rd Floor: _____ Finished Basement: _____ Un-finished Basement: _____ Decks: _____ Attached Garage: _____ Accessory Building: _____ Fence (linear feet): _____ Other: _____		

To be completed by staff:

APPLICATION TAKEN BY:	APPLICATION DATE:	EXPIRATION DATE:	ZONING:	FLOOD ZONE:
WATER:	GAS:	ELECTRIC:	SEWER:	SEPTIC PERMIT #: _____ <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> REC
(FRONT) MIN. SETBACK (N S E W):		(SIDE) MIN. SETBACK (N S E W):		(REAR) MIN. SETBACK (N S E W):
MOVING PERMIT: <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> REC	FIRE MARSHAL APPROVAL: <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> REC	DRIVEWAY APPROACH: <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> REC	RES. CHECK: <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> REC	
INDUSTRY VALUE:	DEPOSIT:	PLANS ELECTRONICALLY PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	GRADING PERMIT #	FLOOD DEV. PERMIT #

INSPECTIONS REQUIRED:

BUILDING:	<input type="checkbox"/> FOOTINGS	<input type="checkbox"/> DECK FOOTINGS	<input type="checkbox"/> FRAMING	<input type="checkbox"/> DRYWALL (FIREWALL ONLY)	<input type="checkbox"/> FINAL
ELECTRICAL:	<input type="checkbox"/> ROUGH – IN	<input type="checkbox"/> PRE-CONNECT	<input type="checkbox"/> MOTORS	<input type="checkbox"/> FINAL	<input type="checkbox"/> FINAL
MECHANICAL:	<input type="checkbox"/> ROUGH – IN			<input type="checkbox"/> FINAL	<input type="checkbox"/> FINAL
PLUMBING:	<input type="checkbox"/> ROUGH – IN	<input type="checkbox"/> GROUNDWORK		<input type="checkbox"/> FINAL	<input type="checkbox"/> FINAL

Call 402-444-7189 to schedule inspections. Twenty-four hour notice is strongly encouraged.

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND ACCURATE. IT IS UNDERSTOOD AND AGREED THAT ANY ERROR, MIS-STATEMENT, OR MIS-REPRESENTATION OF FACT, EITHER WITH OR WITHOUT INTENTION ON MY PART, SUCH AS MIGHT IF KNOWN, MAY CAUSE A REFUSAL OF THIS APPLICATION OR ANY ALTERATION OR CHANGE IN PLANS MADE WITHOUT THE APPROVAL OF THE COUNTY AUTHORIZED REPRESENTATIVES SUBSEQUENT TO THE ISSUANCE OF THE PERMIT, SHALL CONSTITUTE SUFFICIENT GROUNDS FOR THE REVOCATION OF SUCH PERMIT.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT PAYMENT OF THE BUILDING PERMIT APPLICATION FEE DOES NOT CONSTITUTE ISSUANCE OF THE BUILDING PERMIT. I FURTHER AGREE THAT CONSTRUCTION COVERED BY THIS PERMIT APPLICATION SHALL NOT BE BEGIN UNTIL I HAVE RECEIVED A COPY OF THIS APPLICATION SIGNED BY THE AUTHORIZED REPRESENTATIVES (see below) AND STAMPED "APPROVED".

I HEREBY AGREE TO PERFORM THE PROPOSED WORK IN ACCORDANCE WITH THE SPECIFICATIONS SET FORTH IN THIS APPLICATION WITH ITS ATTACHMENTS AND IN ACCORDANCE WITH THE CODES, REGULATIONS AND RESOLUTIONS OF DOUGLAS COUNTY AND THE STATE OF NEBRASKA. I UNDERSTAND THAT THIS PERMIT IS VOID IF: (1) WORK IS NOT COMMENCED WITHIN 180 DAYS FROM THE DATE OF ISSUANCE; (2) WORK IS NOT COMPLETE WITHIN 2 YEARS OF THE DATE OF ISSUANCE; (3) WORK IS ABANDONED FOR SIX MONTHS AT ANY TIME DURING THE PROCESS.

THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

BY MY SIGNATURE, THE AUTHORIZED REPRESENTATIVES OF DOUGLAS COUNTY HAVE PERMISSION TO ENTER UPON THE JOB SITE PROPERTY.

I FURTHER AGREE THAT I AM RESPONSIBLE TO ASSURE THE REQUIRED INSPECTIONS IDENTIFIED ABOVE ARE OBTAINED.

SIGNATURE OF OWNER, CONTRACTOR or AUTHORIZED AGENT

DATE

COMMENTS: _____

WHEN SIGNED BY THESE AUTHORIZED REPRESENTATIVES, THIS IS YOUR APPROVED PERMIT:

Douglas County Building Inspector: _____ Approval Date: _____

Douglas County Electrical Inspector: _____ Approval Date: _____

Douglas County Planning & Zoning Coordinator: _____ Approval Date: _____

City of Bennington City Clerk: _____ Approval Date: _____

(Bennington permits only)

Faxed to Bennington at _____ am pm on _____ by _____