

Permit #19-	Date:	Incomplete Applications will be returned to applicant prior to consideration for approval.		
Part I. APPLICANT, OWNER, PROPERTY INFORMATION (May Attach Copy of County Assessor Card for Legal Description)				
Applicant/Contractor: _____		Phone: _____	Mobile: _____	Email: _____
Applicant Address: _____				
Property Owner: _____		Phone: _____	Mobile: _____	Email: _____
Property Street Address: _____				
Property Legal Description: _____ (Subdivision/Lot/Block)				
Zoning District: _____		Parcel # _____	Lot Size: _____	
Part II. TYPE and USE of IMPROVEMENTS				
A. TYPE OF IMPROVEMENT (circle one)		B. PROPOSED USE (circle one) { For Demolition select existing/most current use }		
New Construction Addition Structural Alteration Remodel Repair/Replacement Modular/Manufactured Demolition - <i>Asbestos Inspection Complete?</i> Y N Moving (Additional Permit Required)		Commercial Professional/Office/Bank Industrial/Warehousing Accessory Building/Garage Small Accessory Building Retail Food Service Service Station/Garage Apartments Hotel/Motel Other (list details in comment area)	Residential One Family Multi-Family Accessory Building/Garage Small Accessory Building Carport Fence / Deck / Patio Other (list details in comment area)	
*Floor plans Required for all Residential Dwelling Improvements. *Blue Prints Required for Commercial Building Improvements.		Comments: _____ _____ _____		
Part III. CHARACTERISTICS OF BUILDING (circle appropriate option(s) - write N/A if does not apply to your improvement)				
Foundation	Structure	Siding		Flooring
Poured / Block / Other _____	Concrete / Wood / Steel / Other _____	Vinyl / Wood / Metal / Brick / Other _____		Cement / Tile / Wood / Carpet
Basement	Roof	Windows		Fence (if applicable)
_____ % Finished	Shingle / Asphalt / Metal	Wood DH / Vinyl / Case / Metal Case / Other _____		Wood / Vinyl / Chain / Other _____
Garage / Accessory Bldg	Roof Type	Water	Sewer	Deck / Patio (if applicable)
Attached / Detached	Gable / Hip / Gable-hip / Other _____	Public / Private	Public / Private	Wood / Composite / Cement
Heating	Air Conditioning	Private Water Well	Private Septic System	Deck / Patio (if applicable)
Electric / Gas / Other _____	Central Air / Window Units / None	Existing / New (Permit RQ'd)	Existing / New	Covered / Not Covered
HEIGHT OF IMPROVEMENTS				
Primary Building	Accessory Building	New Deck / Patio	Fence	Small Accessory Building
Wall _____ Total _____	Wall _____ Total _____	Total _____	Identify on plot plan (reverse)	Wall _____ Total _____
INTERIOR DETAIL - PRIMARY STRUCTURE				
Total Rooms	Number of Bedrooms	Number of Baths	Number of Stories	Elevator
				Floors ____ Cap. ____ Ft./Min ____
Part IV. PROJECT COST				
*TOTAL PROJECTED COST OF IMPROVEMENTS:				
*Building materials, electrical cost, labor cost, excavation/dirtwork, design costs, etc.				
Note: Application must be submitted with a site plan (see reverse) showing location of the proposed work. Identify all structures and exterior dimensions. All the requirements of the current ICC Building Codes, Zoning and Subdivision Regulations, as revised, and other applicable ordinances which apply to the erection, location, and use of the structure described in this application will be enforced.				
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his or her agent, that all statements herein are true and correct to the best of my knowledge, and do hereby apply for a Building Permit for the structure as described in this application. The City Building Inspector and City Code Official, who may be accompanied by others, are hereby authorized to enter upon the property during normal working hours.				
Signature of Applicant as Owner or Owner's Agent: _____			Date: _____	
Address: _____				

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Part V. SITE PLAN (If attaching additional site drawings to this application instead of a site plan in the space provided, please notate below)

Applicant shall identify property boundaries as well as ALL existing structures and proposed improvements. Drawing need not be to scale; however, shall identify dimensions of property boundaries, dimensions of all buildings (both existing and proposed), distances between all buildings, and distances of all buildings and lot lines. Also, please identify which direction is North on drawing.

*Applicant must physically flag/identify exterior improvements and any and all applicable property boundaries for setback verification prior to submission of application. Actual flagged dimensions must match the application. **PERMIT WILL NOT BE ISSUED UNTIL SETBACKS HAVE BEEN VERIFIED. DO NOT START ANY WORK UNTIL THE SETBACKS HAVE BEEN VERIFIED AND A PERMIT HAS BEEN ISSUED.**

In all districts except C-2, on a corner lot, within the area formed by the center line of streets at a distance of sixty (60) feet from their intersections, there shall be no obstruction to vision between a height of 3 feet and a height of 10 feet above the grades of the bottom of the curb of the intersecting streets. At the intersection of major or arterial streets the 60-foot distance shall be increased to 90 feet for each arterial leg of the intersection. The requirements of this section shall not be deemed to prohibit any necessary retaining wall.

Part VI. ZONING EXAMINATION:

OFFICE USE ONLY

Zoning District: _____	Flood Plain: Yes / No	Panel #	
Setback Requirements: Front: _____ Does application comply? Yes / No			Examiner Comments
Rear: _____ Does application comply? Yes / No			
Side: _____ Does application comply? Yes / No			
Does the proposed improvement and use thereof comply with the Zoning and Subdivision Regulations of the City of Albion, Nebraska? Yes / No			

Part VII. VALIDATION

OFFICE USE ONLY

Date of Zoning Review: _____		{ City Seal }
Date of Plan Review: _____		
Permit Approved? Yes / No		
Date Permit Issued _____		
Application Fee: \$ _____ Date Paid: _____		
Permit Fee: \$ _____ Date Paid: _____	<i>Not Valid Unless Stamped "Approved" and Signed Below</i>	
Application Reviewed by: _____		Title: _____
Signature: _____		

*Approved Applicants shall be issued a Permit # Card to be prominently displayed onsite at all times; and, an inspection checklist to aid in compliance with the required inspection schedule.