

City of Falls City

2307 Barada Street
Falls City, NE 68355

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**RESIDENTIAL
BUILDING PERMIT
APPLICATION**



FOR PLANS EXAMINATION AND BUILDING PERMIT

I. LOCATION OF BUILDING AND PERMITS REQUIRED

Project Address: _____ Zoning District _____

Subdivision _____ Lot # _____ Lot Size _____

Is this a rental property? Yes No

Applicant _____
(Print Name) (Full Address)

Permit	Check <input type="checkbox"/>	Number	Date	Fee Paid	Name of Sub-Contractor
Building Permit					
Electrical					
Curb Cut/Approach					
Sidewalk					
Sewer Hook Up					
Plumbing					
Mechanical					
Other					
Certificate of Occupancy					XXXXXXXXXXXXXXXXXXXX
TOTAL PAID					

II. IDENTIFICATION (to be completed by ALL APPLICANTS)

Owner or Lessee _____ E-mail Address: _____

Address _____
Number and Street City State Zip Phone

Contractor _____ E-mail Address: _____

Address _____
Number and Street City State Zip Phone

Architect or Engineer _____ E-mail Address: _____

Address _____
Number and Street City State Zip Phone

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application. I agree to conform to all applicable laws of this jurisdiction. As this permit application pertains to construction, the undersigned also hereby gives permission to the building inspector and his/her lawfully appointed assistant(s) for entry upon the premises described above for the purpose of monitoring the construction for which the building permit was granted.

Signature of Applicant _____ Complete Address/City/State/Zip _____ Date _____

Reviewed by _____ Building Inspector _____ Approval Date _____

III. DESCRIPTION

A. Type of Improvement

Size of Structure

- 1. _____ New building
- 2. _____ Addition
- 3. _____ Improvement
- 4. _____ Repair - Replacement

Length _____ Width _____
Square Footage _____

B. Ownership

- 5. _____ Private (Individual, Corporation, Non-Profit Institution, Etc.)
- 6. _____ Public (Federal, State, Local or Other Political Subdivisions)

C. Cost

7. Your Cost of Material for Construction* \$ _____

*(If not provided the cost will be figured by the City using the National Building Standards Valuation Data Sheet 4-98)

To Be Installed (but Not included in the above cost):

- a. Electrical - without labor \$ _____
- b. Plumbing - without labor \$ _____
- c. Mechanical- without labor \$ _____

8. TOTAL COST OF IMPROVEMENT \$ _____

D. Proposed Use (If this is an Addition, Enter Proposed Use in D-14, Other)

- 9. _____ One Family
- 10. _____ Two or More FamilyEnter # of Units _____
- 11. _____ Transient Hotel, Motel, or Dormitory.....Enter # of Units _____
- 12. _____ Garage
- 13. _____ Carport
- 14. _____ Other, specify: (Family Room, Bedroom, Basement, Etc.)

IV. SELECTED CHARACTERISTICS OF BUILDING

For New Buildings and Additions, complete items E-K below:

E. Principal Type of Frame

- _____ Masonry (Load Bearing)
- _____ Wood Frame
- _____ Structural Steel
- _____ Reinforced Concrete
- _____ Other, specify _____

F. Principal Type of Heating

- _____ Gas
- _____ Oil
- _____ Electricity
- _____ Coal
- _____ Other, specify _____

G. Type of Sewage Disposal

- _____ Public or Private Company
- _____ Private (Septic Tank, etc.)

H. Type of Water Supply

- _____ Public or Private Company
- _____ Private (Well, cistern)

I. Type of Mechanical

- Will there be Air-conditioning? ___ Yes ___ No
- Will there be an Elevator? ___ Yes ___ No

J. Number of Off-Street Parking Spaces

Enclosed _____ Outdoors _____

K. Residential Buildings Only:

of Bedrooms : _____
 # of Bathrooms: _____ Full _____ Three Quarters
 _____ Half _____ Basement Rough In

V. PLAN REVIEW RECORD (For Building Inspector's Use Only)

Plan Review Required	Date Application Rec'd	Received By	Approval Date
Building			
Plumbing			
Electrical			
Other			

VII. ZONING PLAN NOTES

Site Zoned for: _____

Use: _____

Front Yard Setbacks: _____

Side Yard Setback: _____ Side Yard Setback: _____

Rear Yard Setback: _____

Variance Required: Yes No

Description: