

Commercial Building Permit Application

for any Structure other than a One or Two-Family Dwelling

Name of Building / Business (if applicable) _____					Building Owner _____												
SECTION I: LOCATION																	
Municipality: _____			County: _____			Tax Parcel ID#: _____											
SITE LOCATION: Complete Address Street / Lot(s) # _____ Block# _____ Parcel# _____ Village/Road _____ Zip Code _____																	
SECTION II: PROPOSED WORK																	
Edition of IBC used _____					If New Construction check here ☐ OR check all that apply in the two rows below												
Existing Building ☐		Repair ☐		Alteration ☐		Addition ☐		Demolition ☐									
Change of Use ☐		Change of Occupancy ☐			Other ☐ Specify: _____												
Building plans and/or construction documents are required to be supplied as part of this permit application. Are they included? Yes ☐ No ☐																	
Brief Description of Proposed Work: _____ _____ _____ _____ _____																	
SECTION III: COMPLETE THIS SECTION IF THIS IS FOR AN EXISTING BUILDING UNDERGOING A RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY																	
☐ Additional Construction ☐ Alteration/Structural Egress Change ☐ Repair Renovation ☐ Change of Use/Occupancy																	
Applicable Code: ☐ IBC ☐ Village Building & Zoning Regulations Level of Alteration: ☐ I ☐ II ☐ III																	
Existing Use Group(s): _____					Proposed Use Group(s): _____												
SECTION IV: BUILDING HEIGHT AND AREA																	
						Existing		Proposed									
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)																	
Total Area (sq. ft.) and Total Height (ft.)																	
SECTION V: USE GROUP (Check as applicable)																	
A: Assembly A-1 ☐ A-2 ☐ A-3 ☐ A-4 ☐ A-5 ☐ Type: _____						B: Business ☐		E: Educational ☐									
F: Factory F-1 ☐ F-2 ☐			H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐														
I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐			M: Mercantile ☐			R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐											
S: Storage S-1 ☐ S-2 ☐			U: Utility ☐		Mixed Use ☐ Describe: _____												
☐ Special Use Description: _____																	
SECTION VI: CONSTRUCTION TYPE (Check as applicable)																	
IA ☐		IB ☐		IIA ☐		IIB ☐		IIIA ☐		IIIB ☐		IV ☐		VA ☐		VB ☐	
SECTION VII: SITE INFORMATION																	
Flood Zone Information: Check if outside Flood Zone ☐ or Identify Zone: _____										Land Use Permit # _____							
Hazards to Air Navigation: Is structure within airport approach area? Yes ☐ No ☐																	
SECTION VIII: CONTENT OF CERTIFICATE OF OCCUPANCY																	
Edition of Code: _____ Use Group(s): _____ Type of Construction: _____																	
Does the building contain a Sprinkler System? _____																	
Design Occupant Load per Floor and Assembly space: _____																	
Special Stipulations: _____																	

SECTION IX: PROPERTY OWNER/APPLICANT INFORMATION

Name Property Owner and contact information:

Name (*Print*) _____ No. and Street _____ City/Town _____ State _____ Zip _____Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____**If applicable, the property owner hereby authorizes:**Name (*Print*) _____ No. and Street _____ City/Town _____ State _____ Zip _____Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____

to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION X: CONSTRUCTION DETAILS**X.i: Registered Design Professional Responsible for this Project**

Name (Registrant) _____	Telephone No. _____	Email address _____	Registration Number _____
Street Address _____	City/Town _____	State _____ Zip _____	Discipline _____ Expiration Date _____

X.ii: General Contractor

Company Name _____ Name of Person Responsible for Construction _____ License No. & Type if Applicable _____

Street Address _____ City/Town _____ State _____ Zip _____

Telephone No. (*business*) _____ Telephone No. (*cell*) _____ Email address _____**SECTION XI**

A Workers' Compensation Insurance Affidavit form must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. Is a signed Affidavit submitted with this application? **Yes** ☐ **No** ☐

SECTION XII: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	START DATE: _____
1. Building	\$ _____	FINISH DATE: _____
2. Electrical	\$ _____	TOTAL NUMBER OF WEEKS: _____
3. Plumbing	\$ _____	TOTAL VALUE OF WORK: \$ _____
4. Mechanical (HVAC)	\$ _____	
5. Other: _____	\$ _____	
6. Total Cost	\$ _____	

SECTION XIII: SIGNATURE OF PERMIT APPLICANT

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I understand and assume responsibility for the establishment of official property lines for required setbacks prior to the start of construction, and agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that this information is true and correct to the best of my knowledge and belief.

Please Sign Name _____ Print Name _____ Date _____/_____/_____

Position / Title _____ Acting on Behalf of Company / Business Name _____

Complete Address: Street _____ City/Town _____ State _____ Zip _____

Business Phone No. _____ Cell Phone No. _____ Email Address _____

Appendix 1

Registered Professional Contact Information

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

Name (Registrant)	Telephone No.	Email address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

The checklist below is a partial list of documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Workers Compensation Insurance			
18	FEMA Elevation Certificates & other Flood Plain Documentation			
19	Other (Specify)			
20	Other (Specify)			
21	Other (Specify)			

***Deferred Submittals must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction documents have been approved by the authority having jurisdiction.**

Village of Bartley Department of Building Safety.
 Building Official
 101 West Walnut Street
 Bartley, NE 69020

Phone: 308-692-3222 Fax: 308-692-3500 email: villageofbartley@swnebr.net