

# BUILDING PERMIT APPLICATION (All Trades)

CITY OF COZAD

PERMIT NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

JOB ADDRESS			
1	LEGAL DESCR.	LOT NO.	BLK TRACT ( <input type="checkbox"/> SEE ATTACHED SHEET )
2	OWNER	MAIL ADDRESS	ZIP PHONE
3	CONTRACTOR	MAIL ADDRESS	PHONE LICENSE NO.
4	ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE LICENSE NO.
5	ENGINEER	MAIL ADDRESS	PHONE LICENSE NO.
6	LENDER	MAIL ADDRESS	BRANCH
7 USE OF BUILDING			
8 TYPE OF PERMIT <input type="checkbox"/> BUILDING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> FENCE <input type="checkbox"/> SIGN <input type="checkbox"/> OTHER _____			
9 CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
10 DESCRIBE WORK:			
11 Change of Occupancy From _____ to _____			

OWNER  
JOB ADDRESS  
PERMIT NO.

12 Valuation of Work: \$	PERMIT FEE \$	DATE PAID:
SPECIAL CONDITIONS: A PLOT PLAN AND 1 SET OF BUILDING PLANS AND SPEC. ARE REQUIRED BEFORE PERMIT IS ISSUED	Type of Const.	Occupancy Group
	Size of Bldg. (Total) Sq. Ft.	No. of Stories
	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No
	No. of Dwelling Units	
APPLICATION ACCEPTED BY	PLANS CHECKED BY	APPROVED FOR ISSUANCE BY

**NOTE**

**THIS PERMIT IS VALID FOR TWO (2) YEARS AFTER DATE OF ISSUANCE.**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. 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 OR CONSTRUCTION. WORK MUST START WITHIN 180 DAYS FROM DATE OF ISSUANCE AND HAVE NO GAPS IN WORK OR PERMIT WILL BE INVALID AND NEW PERMIT APPLIED FOR, ISSUED, AND FEE PAID AGAIN BEFORE WORK CAN CONTINUE.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

\_\_\_\_\_  
SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

Electrical Service _____ Amps _____ Volts _____ Phase
Plumbing - Water Supply _____ In. Pipe Building Sewer _____ In. Pipe
Mechanical - Type of Heat System _____ Gas _____ BTU    Elect. _____ KW
SIZE OF A/C BTU OR TONS _____
IT SHALL BE THE RESPONSIBILITY OF CONTRACTORS/OWNERS TO ENSURE COMPLIANCE WITH THE 2012 INTERNATIONAL BUILDING CODE AND REFERENCED CODES, THE STATE OF NEBRASKA FIRE MARSHAL/ENVIRONMENTAL CONTROL/ELECTRICAL REGULATIONS.

**CITY OF COZAD**  
**Building Permit Site Plan**

**Phone 784-3907**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Legal: \_\_\_\_\_

Permit Number \_\_\_\_\_

Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

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This site plan shall be completed and attached to Building Permit Application showing all lot dimensions, street and alley locations and all structures locations.

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