

Permit #24-	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 (check one)		B. PROPOSED USE (check one) (For Demolition select existing/most current use)		
New Construction Addition Structural Alteration Remodel Repair/Replacement Modular/Manufactured Moving (Additional Permit Required)		Commercial / IBC 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 / IRC One Family Multi-Family # of Units _____ Accessory Building/Garage Small Accessory Building Carport Deck / Patio Other (list details in comment area)	
*Floor plans Required for all Residential Dwelling Improvements. *Blue Prints Required for Commercial Building Improvements. *Site Plan is required for all applications, see details on reverse.		Comments: _____ _____ _____		
Part III. CHARACTERISTICS OF BUILDING (check appropriate option(s))				
Foundation	Structure	Water	Sewer	Deck / Patio (if applicable)
Poured	Masonry (wall bearing)	Public	Public	Covered
Block	Wood Frame	Private	Private Septic System	Not Covered
Other _____	Structural Steel	Private Water Well	Private Septic System	Wood
Basement	Reinforced Concrete	Existing	Existing	Composite
_____ % Finished	Other _____	New (Permit RQ'd)	New	Other _____
Garage / Accessory Bldg	Air Conditioning	Heating	Dimensions	Is Property Located in a Floodplain?
Attached	Central Air	Electric	Total Lot Area: _____	Yes
Detached	Window Unit(s)	Gas	Total Sq Feet of	No
Plumbing: Yes: No:	Other _____	Other _____	Improvements: _____	
HEIGHT OF IMPROVEMENTS				
Primary Building	Accessory Building	Small Accessory Building	New Deck / Patio	
Wall _____ Total _____	Wall _____ Total _____	Wall _____ Total _____	Total _____	
Part IV. PROJECT COST				
COST OF IMPROVEMENTS:				
_____ *Building materials, electrical cost, labor cost, excavation/dirtwork, design costs, etc.				

Part V. SITE PLAN	Applicant must attach site plan drawings to this application. 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 from property boundaries. Please identify which direction is North on drawing.
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*Applicant must physically flag/identify exterior improvements and any and all applicable property boundaries for setback verification prior to submittal 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.**

Note: All 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: _____
Printed Name and Address of Applicant: _____	Click Here to Submit via Email

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: _____ Date of Plan Review: _____ Permit Approved? Yes No Date Permit Issued: _____ Application Fee: \$ _____ Date Paid: _____ Permit Fee: \$ _____ Date Paid: _____	{ City Seal }	<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.