

# CITY OF SEWARD

## BUILDING PERMIT APPLICATION

Job Address:							Permit No.				
Legal		Lot No.		Block		Addition		Account No.			
1.	Owner			Address			Phone				
2.	Contractor			Address			Phone				
3.	Architect			Address			Phone				
4.	Class of Work	Single Family		Commercial	Duplex/Single Fam. Att.		Multi Family				
5.	Describe Work										
6.	Use of Building			Construction Type			Occupancy				
	Change of Use From			Bldg. Dimensions			Size of Bldg. (sf.)				
7.	Com. Valuation			No. of Stories			Height				
				No. Dwelling Units			Max Occ. Load				
Special Approvals	Required		Received		Not Required		Use Zone		Fire Sprinklers		
Zoning							Lot Dimensions		Lot Size (sf.)		
Flood Elevation							Front Setback		Rear Yard		
Other							Side Yard		Side Yard		
By			Application Date				Floor Area		Designed	Allowed	Total
By			Approved Date				Main Floor				
By			Rough-In Date				Second Level				
By			Final Date				Third Level				
							Basement				
							Utilities				Totals
							Electric Temp.				
							Electric Service				
							Water Service				
							Sewer Connection				
							Project Valuation				
							Permit Fee		(Based on Valuation)		
							Plan Review Commercial		(25% of Permit)		
							Energy Fee				
							Utility Fees				
							Sprinkler Fee				
							<b>Pay This Amount</b>		<b>Permit</b>		

**NOTICE**

Separate Permits are required for Electrical, Plumbing, Heating, Ventilating, or Air Conditioning.

This Permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

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 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 of construction.

Note:: Sidewalks will be constructed as required by the City.

\_\_\_\_\_  
Signature of Contractor/License Holder (Date)

\_\_\_\_\_  
Signature of Owner (if Owner Builder) (Date)

This permit is your invoice for permit fees. Please pay from this bill, as no other invoice will be sent. Unpaid accounts will be charged 1½ percent after 30 days. Make checks payable to the City of Seward.



City of Seward

BUILDING DEPARTMENT  
(402) 643-4000

Owner:  
Job Address:  
Contractor:  
Permit No:  
Occupancy:  
Date Issued:

## INSPECTION RECORD

POST THIS CARD AT OR NEAR THE FRONT OF THE BUILDING

INSPECTION	DATE	INSPECTOR
<b><i>Foundations:</i></b>		
Footings		
<b><i>Underground:</i></b>		
Electrical		
Water		
Sewer		
<b>DO NOT PLACE FLOOR UNTIL ABOVE HAS BEEN SIGNED</b>		
<b><i>Rough-In Mechanicals:</i></b>		
Rough Electrical		
Rough Plumbing		
Rough Heating & Ventilation		
Rough Gas		
Rough Framing		
<b>DO NOT COVER WORK UNTIL ABOVE HAS BEEN SIGNED</b>		
<b><i>Final:</i></b>		
Electrical		
Plumbing		
Heating & Ventilation		
Framing		