

Date: [] No. [] Fee: \$ []

Remit fees to City Office

Name [] Address []

Project Address (If different from above) [] Daytime Phone Number []

Lot(s) [] Block [] Addition []

WORK TO BE COVERED BY THIS PERMIT: New Alteration Accessory Use Sidewalk/Curb Fence
*Check all that apply

(May be filled in by City if not known)

| Zoning District | Occupancy Classification |
|-------------------------------|---|
| <input type="checkbox"/> AG | <input type="checkbox"/> Assembly |
| <input type="checkbox"/> AG-1 | <input type="checkbox"/> Business |
| <input type="checkbox"/> R-1 | <input type="checkbox"/> Educational |
| <input type="checkbox"/> R-2 | <input type="checkbox"/> Factory/Industrial |
| <input type="checkbox"/> R-3 | <input type="checkbox"/> High Hazard |
| <input type="checkbox"/> R-4 | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> C-1 | <input type="checkbox"/> Mercantile |
| <input type="checkbox"/> C-2 | <input type="checkbox"/> Residential |
| <input type="checkbox"/> I-1 | <input type="checkbox"/> Storage |
| <input type="checkbox"/> I-2 | <input type="checkbox"/> Utility/Misc. |
| <input type="checkbox"/> GB | |
| <input type="checkbox"/> P | |

Stamped Plans

Yes No

Floodplain

Yes No

If yes, attach Flood Plain Development Form

Fire Marshal Approval

Yes No

(Attach Copy of Approval)

Electrical

Yes No

State Permit # _____

811 Locate Number (If known)

Principal Heating Source

Gas Electric Resistance

Air to Air Heat Pump

Water Source Heat Pump

Water Heater

Gas Electric

Backflow Device

Yes No

Septic Tank/Drain Field

Yes No

(If yes, attach plan approval from DEQ)

Survey Complete/Attached

Yes No

Description of Project: _____

(Building; Move Building; Manufactured; Fence; Sprinkler System; Fireplace; Etc.)

Architect and / or Engineer _____ Address: _____
*MUST BE FILLED IN IF REQUIRED BY NEBRASKA ENGINEER'S AND ARCHITECT'S ACT:

General Contractor: _____ Address: _____

Contractors - Electrical: _____ Plumbing: _____ HVAC: _____

Building dimensions: _____ x _____ Above ground: Yes No Basement: Yes No

Height: _____ Number of stories _____ Garage: None Attached Detached

Structure Square Footage _____ Estimated cost: \$ _____
(Excluding attached Garage - 3 stall maximum)

Work will commence _____ and be completed on or about _____ and will, in all respects, be constructed according to provisions of the ordinances of the City of Randolph.

I hereby certify that the above statements are correct and that if the building permit is issued all work will be done in accordance with the ordinances of the City of Randolph. **SIGNATURE REQUIRED FOR PERMIT APPROVAL.**

OWNER DATE

* All Electrical Inspections are done by the Nebraska State Electrical Inspector. **DISCLAIMER:** While the City Planning Commission is tasked for compliance with city codes and building codes, it is the ultimate responsibility of the builder and/or owner to ensure that all Municipal Codes and Building Codes are complied with. The City accepts no responsibility for faulty construction, contractual issues, code violations, setback issues, etc.

APPROVED: DENIED _____

Comments or Reason for Denial

Zoning Administrator _____ Date _____

ATTEST: City Clerk _____ Date _____

Upon approval of your application, a signed and dated copy will be mailed to you and will serve as your building permit.

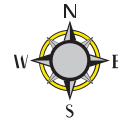
EXPIRATION OF BUILDING PERMIT.

If the work described in any building permit has not begun within 90 days from the date of issuance thereof or if the work described in any building permit has not been substantially completed within 2 years of the date of issuance thereof, the permit shall expire and be canceled by the City Clerk and written notice thereof shall be given to the persons affected, together with notice that any work as described in the canceled permit shall not proceed unless and until a new building permit has been obtained; provided, however, times for commencement or completion may be extended by the Planning Commission prior to the expiration of the time periods; and provided further, no building or other structure in the city shall be allowed to remain in an unfinished condition for a period of over six months nor shall any building or other structure in the city to be allowed to remain in an unsafe, damaged, or demolished condition for a period of more than 60 days

Complete Plot Plan & Indicate Curb Cuts Needed

Must be a DETAILED drawing of the lot; the structures affected; and distances from the lot line indicating all setbacks from the lot line to the structure. Streets with street names shall also be indicated on the drawing.

Drawings may be attached in lieu of filling out this section.



NOTICES:

1.) It is the applicant's obligation and responsibility to verify the existence underground facilities.
CALL DIGGER'S HOTLINE AT 811 BEFORE YOU DIG. Web - <http://www.ne1call.com/>



2.) All renovations and demolitions may be subject to State and Federal regulations regarding asbestos removal. It is the contractor and owner's responsibility to determine applicability of the statutes and be in compliance with regulations.
Information is available from State of Nebraska Dept. of Environmental Quality and Nebraska Dept. Health & Human Services.