

BUILDING-ZONING APPLICATION/PERMIT

Permit Fee: _____
Issue Date: _____

City of Tekamah
PO Box 143
Tekamah, NE 68061
402.374.2521
Fax: 402.808.4521

Permit #: _____

Property Owner: _____ Phone: _____

Contractor: _____ Phone: _____

Job Address: _____

Type of Work: New Addition Remodel Decks/Roofing Other

Description of Work (Include site plan on sheet provided or attach drawing of project):

Valuation of Project: \$ _____

Digger's Hotline #: _____

Zoning District: _____

Condition Use: Yes No

Floodplain: Yes No

Variance: Yes No

Minimum Setbacks: Front _____ Side _____ Rear _____

Approximate Start Date: _____ Approximate Completion Date: _____

NOTICE

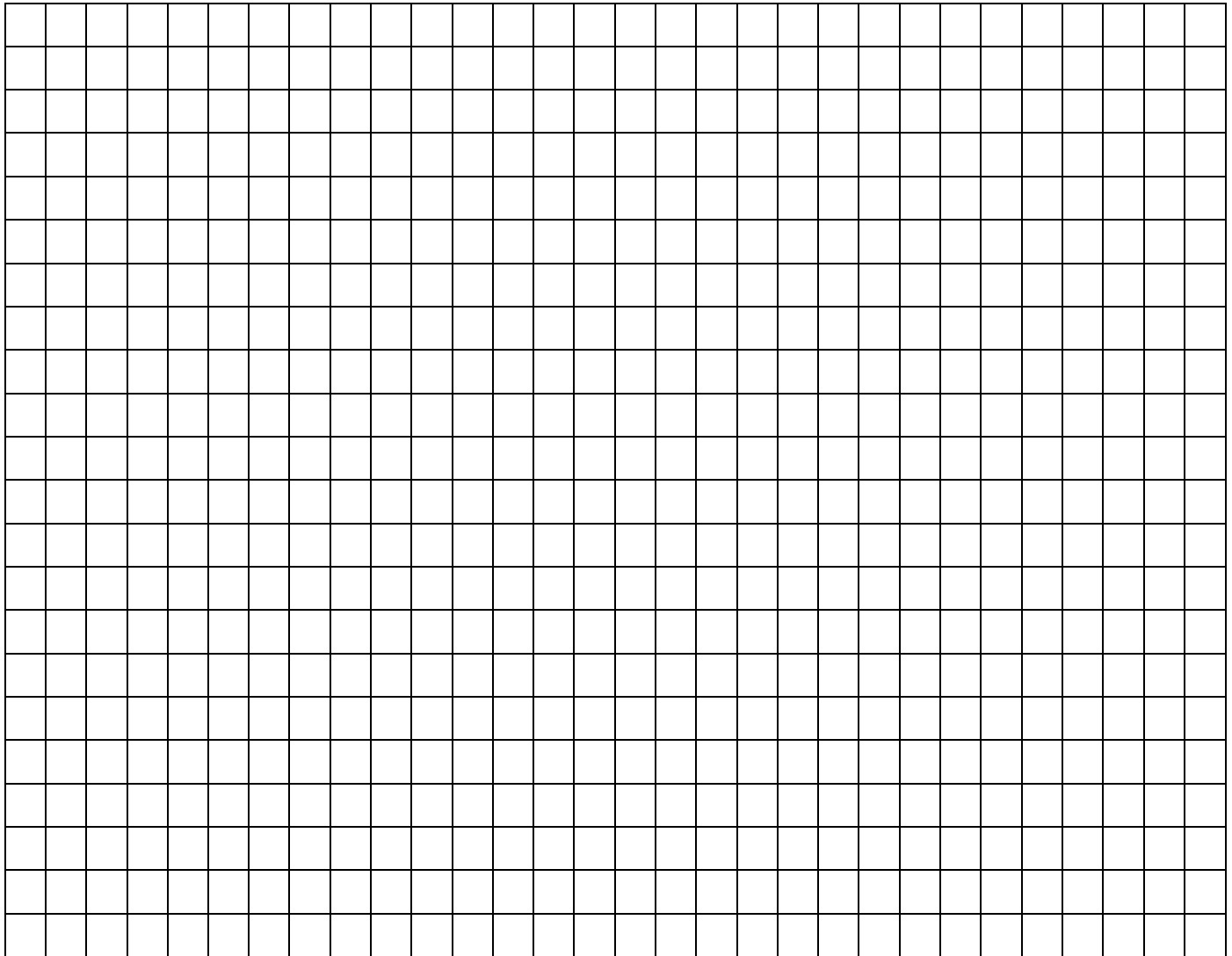
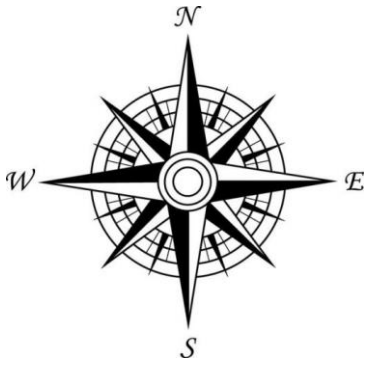
By my signature below, I acknowledge that payment of permit fee does not constitute issuance of building or zoning permit. Work may not begin until I have received a copy of this form properly signed by Building Inspector or designate. I hereby agree to perform the proposed work in accordance with the codes/ordinances of the City of Tekamah and the State of Nebraska. I understand that the permit is void if work is not started within 30 days and completed within 180 days of issue date. Permit applicant may be subject to a fine if these conditions are not met.

Signature of Property Owner/Contractor

Inspector or designate needs to sign off each required inspection before continuing work.

Footings: _____
Framing: _____
Drywall: _____
Final: _____
Other: _____

Permit Approved By: _____ Date: _____



George Hill
Building Inspector/Zoning
Administrator
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Office: 402.374.2521
Email: tekzoning@tekamah.net