

CITY OF RALSTON, NEBRASKA
Independence City
APPLICATION FOR A BUILDING PERMIT

Applicant's Name _____ Day Phone _____

Project Description _____

Project Address _____ Mobile Phone _____

Property Owner _____ Day Phone _____

Owner's Address _____ Day Phone _____

Architect's Name _____ Day Phone _____

General Contractor _____ Day Phone _____

Mechanical Contractor _____ Day Phone _____

Plumber's Name _____ Day Phone _____

Plumber's License Number _____

Electrician's Name _____ Day Phone _____

Electrician's License Number _____

TOTAL PROJECT COST (Labor and Materials) \$ _____

If Applicable:

Date Plans were submitted to the City Fire Marshall _____ Date Plans were approved by the Fire Marshall _____

Check here if a copy of the Fire Marshall Code Review Sheet is attached _____ Commercial Remodel _____ New _____

To the best of my knowledge, all plans and information submitted are complete and accurate and represent the project to be constructed.

 Applicant's Signature

 Date

INSPECTION REQUESTS PLEASE CALL CITY HALL @ 402-331-6677
INSPECTIONS ARE PERFORMED BETWEEN THE HOURS OF 9:00AM & 3:00PM

FOR OFFICE USE ONLY

ADDITION: _____ BLOCK: _____ LOT: _____ ZONING: _____

[] Approved [] Denied By _____ Date _____ Permit Number _____ Permit Fee \$ _____ Date Paid _____

ADDITIONAL FEE ASSESSMENTS:

DESCRIPTION _____ FEE \$ _____ DATE PAID _____

DESCRIPTION _____ FEE \$ _____ DATE PAID _____

INSPECTIONS REQUIRED:

FOOTINGS [] BLOCK [] GROUNDWORK [] ROUGH IN []

INSULATION [] FINAL [] FIRE DEPARTMENT []