

CITY OF INDIANOLA

210 North 4th Street – PO Box F – Indianola NE 69034 – 308-364-2413 – indianola@gpcom.net

APPLICATION FOR BUILDING PERMIT

The undersigned hereby applies for a permit to: construct alter repair a building within the jurisdiction of the City of Indianola, Nebraska. Said building to conform to all rules, regulations, ordinances, and codes of said city, described as follows.

Owner: _____

Owner's Current Address: _____

Project Address: (if different from above) _____

Subdivision and Lot Number: _____

Zoning District in which it is located: _____

Use of Building: Residence Multiple Family Duplex/Townhouse Business/Industry Garage/Storage/Utility

Class of Work: New Addition Remodel Repair Alter Fence Deck Other (describe below)

Briefly describe project: _____

IF APPLICATION IS FOR NEW BUILDING/STRUCTUR, COMPLETE THIS SECTION AS APPLICABLE

Building Dimensions: _____ x _____ = _____ Sq. Ft., No of Stories: _____ Height of Structure: _____

No. of Families, Dwellings, or Rooms _____ Lot Dimensions: _____ x _____

Lot Area: _____ sq. ft.

Does front door face Public Street: Yes No Type of Lot: Corner Interior

Number of Off-Street Parking Spaces: _____ Signs: Number _____, Height: _____ Area of Each: _____

Architect Name: _____ Address: _____

Builder: Name: _____ Address: _____

Cost of Project: (labor and materials) \$ _____

NOTE: On a separate attached sheet, indicate by scale drawing the shape and dimensions of the lot, location and names of streets and alleys, shape and dimensions of all existing and proposed building, and distances from buildings to lot lines. This application is not acceptable unless ALL required information is furnished.

The preceding information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement, or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a referral of this application or any alteration of change in plans made without the approval of the Zoning Administrator subsequent to the issuance of the Zoning permit, shall constitute sufficient grounds for the revocation of such permit. **If application is not completely filled out permit will be denied.**

Applicant Signature: _____

Date: _____ Phone: _____

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APPLICANTS – DO NOT COMPLETE ANYTHING BELOW THIS LINE. THANK YOU!

Fee: \$ _____

Permit Number: _____

Permit: _____ Approved

Date application approved: _____

_____ Denied

Date application disapproved: _____

_____ Appealed

Date application approved from appeal: _____

Reason for Disapproval: _____

Reason for Approval: _____

Signed: _____

Date: _____

(Zoning Administrator signed on approval only)

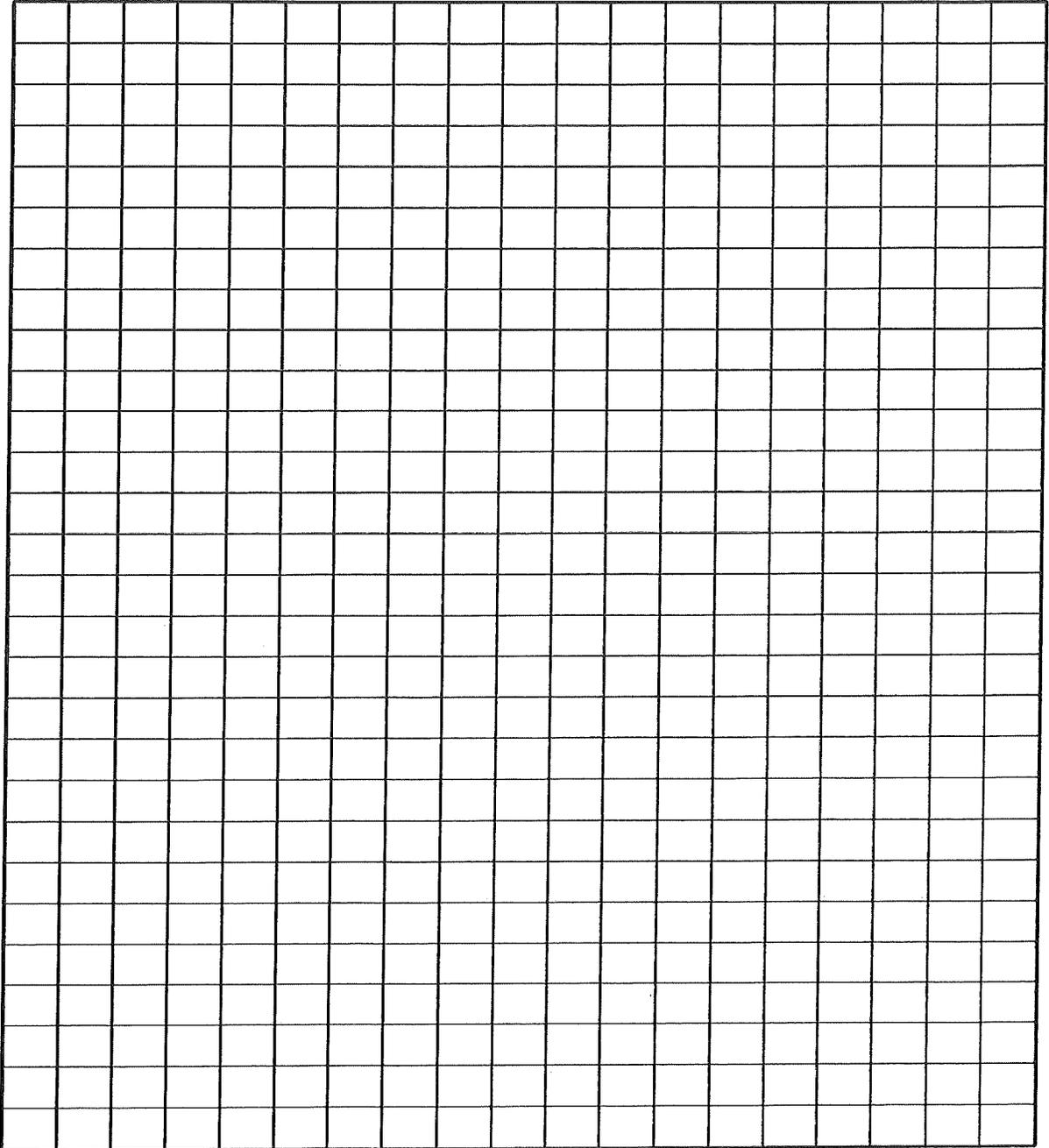
This building permit shall be effective for one (1) year following issuance date.

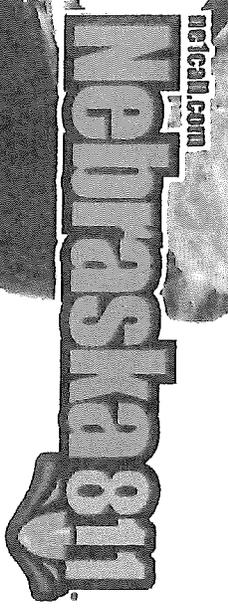
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Owner: _____ Physical Address: _____

Indicate by scale drawing the shape and dimensions of the lot, location and names of streets and alleys, shape and dimensions of all existing and proposed buildings to lot lines. This application is NOT acceptable unless all required information is furnished.





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Homeowner

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Responsibilities

- Place the locate request at least 2 business days in advance of your excavation project.
- Mark the proposed area of excavation with white flags or white paint prior to the utilities arrival.
- Ensure the area to be located is safe and accessible by unlocking any gates and securing all pets.
- Ensure all the utilities notified of your excavation have responded before you begin digging
- Call Nebraska811 at 800-331-5666 if you damage any underground facilities during your excavation.