



Sarpy County Planning and Building Department
 1210 Golden Gate Drive, #1240
 Papillion NE 68046
 Phone: 402-593-1555
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 www.sarpy.com

Business Hours 8 am – 4:45 pm M-F

FOR OFFICE USE ONLY
 (Revised 9-1-13)

PERMIT # _____
 Fee Collected _____
 Zoning District _____ FP _____

ACCESSORY USE - BUILDING PERMIT APPLICATION

Fence Shed Deck Detached Garage Roof / Cover Drives/patios Swimming Pool Other _____

Please note: An accurate site plan is required showing project location on lot with dimensions including set-back distances from edge of accessory project to rear and side property lines and distance to existing residence. For fence projects show location of fence on lot along property line and indicate length and type of fence sections. **Separate permits are required for Electrical, Mechanical or Plumbing work**

Project Address: _____ Corner Lot Interior lot

Legal Description: _____
 (Lot) (Subdivision)

Property Owner: _____
 (Name) (Address) (City, State, Zip) (Phone)

Contractor: _____
 (Name) (Address) (City, State, Zip) (Phone)

Submit construction drawings showing all construction details and materials used, including size and location of footings for garages, decks and covers. Please provide additional information required for this permit application below:

Detached garage: Length: _____ Width: _____ Height: _____ SF: _____ (driveway is required from garage to street or alley and shown on plans)

Exterior deck: Length: _____ Width: _____ Height of deck above ground: _____ Total SF: _____

Shed Length: _____ Width: _____ Height: _____ SF: _____ Roofs / Patio Cover Area / SF: _____

Fence Type of material: _____ Length: _____ Height: _____

Swimming Pool In ground Above ground Pool dimensions: Length _____ Width _____ Max water depth _____ Pool Capacity (gallons) _____

Patio/Paving Length: _____ Width: _____ SF: _____ Other projects (describe work) SF: _____

Total Value of proposed work \$ _____ (Includes all trades, materials, labor)

I hereby state that that the information submitted on this application is accurate and correct. I recognize that the issuance of this building permit shall not grant approval to violate any of the provisions of the building codes or zoning ordinances enforced by this jurisdiction, state or federal law; and that this permit shall not prevent the building official from requiring construction to be in compliance with all applicable code provisions during field inspections. This permit shall become null and void if no construction work has commenced within 180 from date of issuance or if work has commenced then stopped for more than 180 days. Permits shall expire if construction is not complete within one (1) year of issuance. A ninety (90) day extension may be obtained from the Planning and Building Department by written application. Upon expiration of a permit, a new permit will be required. This building permit is issued for the express purpose of work stated on this application and shown on the approved plans. Any changes to the construction plans that effect area or scope of work shall be approved by the building official's prior to construction and may require another permit application. No permit fee refunds are allowed if work has commenced or if work has not commenced and more than 180 days has elapsed after issuance date. The county is not responsible to determine actual locations of property lines during inspections. The property owner or person doing the work is responsible to find locations of property lines for final approval by County inspectors.

Applicant Name (Print clearly): _____ Signature: _____ Date: _____

Contact Name (Print clearly): _____ Phone: _____ Fax: _____
 (Person familiar with project who can answer questions regarding construction and other code compliance issues.)

Contact Email Address: _____

The property shall comply with all applicable Sarpy County Zoning Regulations. All neighborhood covenants and easements are the responsibility of the builder or homeowner.

OFFICIAL USE ONLY Received: _____

Building Plan Review Approved By: _____ Date: _____

Zoning Review Approved By: _____ Date: _____