



Sarpy County Planning and Building Department
 1210 Golden Gate Drive, #1240
 Papillion NE 68046
 Phone: 402-593-1555
 Fax: 402-593-1558
 www.sarpy.com

Business Hours 8 am – 4:45 pm M-F

FOR OFFICE USE ONLY
 (Revised 3-4-15)

PERMIT # _____
 Project Valuation _____
 Permit Fee _____
 Fixture Fee _____
 Total Fee Collected _____
 Zoning District _____ FP _____

RESIDENTIAL REMODEL- ADDITION PERMIT APPLICATION

Please check box for applicable project for this permit and indicate total area in square footage

Basement Finish (SF) _____ Room Addition (SF) _____ Remodel (SF) _____ Other (SF): (describe) _____

Project Address: _____
 (Address) (City, State, Zip)

Legal Description: _____
 (Lot) (Subdivision)

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

* Owner of home is acting as contractor for: Building Plumbing Mechanical work

*Only owners that reside in the project address (single family home) are permitted to act as contractors. Provide information on all contractors working on this project below:

***** Separate Electrical Permit required *****

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

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

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

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

Please check box for applicable work to be done and number of installations included with this permit below:

FRAMING/STRUCTURAL (Please describe work) _____

PLUMBING Plbg fixture _____ Water Heater _____ Water treatment _____ Gas Appliance _____ Other (describe) _____

MECHANICAL/HVAC Furnace (Btu) _____ A/C or Heat pump _____ Exhaust Fan _____ Alter ductwork _____ Heating appliance _____
 Other Mechanical Work (describe) _____

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.

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

Contact Name (Print clearly): _____ Phone: _____ Fax: _____
 (Person in charge of project who can answer questions regarding construction details 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
 Building Plan Review Approved By: _____ Received: _____
 Zoning Review Approved By: _____ Date: _____