FORT CALHOUN, NE

MECHANICAL PERMIT APPLICATION

CITY OF FORT CALHOUN, NE

Building & Safety Department

110 S 14th St Fort Calhoun, NE 68023

Telephone: 402.468.5303 Fax: 402.468.5399

Inspection Request: 402.598.3915

| | | | Permit Am | ount | Receipt Number | Permi | t Number |
|---|--------------------------------------|------------|---------------|-------------------------------------|---|-----------------|----------|
| Job Address | | | Parcel Number | | | | |
| Property Owner | | | | | Phone | | |
| Property Owners Mailing Address | | | | | | | |
| Mechanical Contractor Phone | | | | | | | |
| Contractors Mailing Address | | | | | State of Nebraska Issued License Number | | |
| Contractors maining Address | | | | | Claic of Mobiles na located Electrics Marines | | |
| Building Type/Use: Commercial Residential | | | | ☐ Multi-Family ☐ Other | | | |
| Class of Work: | ass of Work: New Addition | | | ☐ Alteration ☐ Repair ☐ Replacement | | | |
| General Description of Work: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| MECHANICAL FEES | | | | | | | |
| | | | | | | ALCULATION UNIT | |
| QUANTITY | DESCRIPTION | | | METHOD | AMOUNT | TOTAL | |
| 01 | Mechanical Issuance | | | Flat Rate | \$20.00 | | |
| | Mechanical Air Conditioner | | | | Flat Rate | \$9.00 | |
| | Mechanical Range Hood | | | | Fixture | \$3.00 | |
| | Mechanical Clothes Dryer Vents | | | | Fixture | \$3.00 | |
| | Mechanical Bathroo | | | Fixture | \$2.00 | | |
| | Mechanical Duct Wo | | | Flat Rate | \$9.00 | | |
| | Mechanical Air Hand | | | Flat Rate | \$11.00 | | |
| | Mechanical Fireplace | urning Sto | ve | Fixture | \$11.00 | | |
| | Mechanical Radiant Floor Heat | | | | Flat Rate | \$11.00 | |
| | Mechanical Furnace/Radiant Tube Heat | | | | Fixture | \$9.00 | |
| | Mechanical Geothermal Unit | | | | Flat Rate | \$18.00 | |
| | | | | | | TOTAL AMOUNT | \$ |
| I will save, indemnify, and keep harmless the City of Fort Calhoun, its officers, employees, and agents against all liabilities, judgments cost, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances, and laws. Signature constitutes an attestation by the applicant that application complies with all covenants, conditions, and restrictions. | | | | | | | |
| Applicant Signature: Date: | | | | | | | |
| leguad Rv. | | | | | | | |

INSPECTION IS REQUIRED BEFORE COVER-UP AND AT COMPLETION

<u>Inspection Requests:</u> It shall be the duty of the holder of the building permit or their duly authorized agent to notify the Building & Safety Division when work is ready for inspection.

- Inspections should be scheduled and recorded before 5:00 p.m. the day BEFORE the inspection is requested.
- After Hours, Weekend and Holiday Inspections shall be scheduled, and the appropriate fee must be paid at least two-days before the required inspection date.
- All inspections should be called in and recorded to 402.598.3915.
- AM scheduled inspections will be performed from 8:00 a.m. to 12:00 noon.
- PM scheduled inspections will be performed from 12:00 noon to 4:00 p.m.
- Any special requested inspection times will need to be pre-approved by your scheduled Inspector, the day before.

Contact Information

Building & Safety Department Office Hours: 8:00 a.m. to 4:30 p.m. City Hall: 402.468.5303 Fax: 402.468.5399