

# CITY OF ASHLAND BUILDING PERMIT NO. \_\_\_\_\_

***A BUILDING PERMIT MUST BE APPROVED AND PAID FOR PRIOR TO START OF CONSTRUCTION***

## TYPE OF PERMIT

NEW CONSTRUCTION \_\_\_\_\_ FENCE \_\_\_\_\_ ALTERATION \_\_\_\_\_  
SIGN \_\_\_\_\_ STORAGE SHED \_\_\_\_\_ POOL \_\_\_\_\_  
GARAGE \_\_\_\_\_ SIDEWALK \_\_\_\_\_ HOUSE MOVING \_\_\_\_\_  
OTHER \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

## LEGAL DESCRIPTION

ADDRESS \_\_\_\_\_ SAUNDERS \_\_\_\_\_ CASS \_\_\_\_\_  
LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

**BLDG. DEPT. FEES:**

## BUILDING DATA

**SEWER & WATER UTILITIES APPLICATION NO** (See Attached Form): \_\_\_\_\_

**SEPTIC SYSTEM:**  \_\_\_\_\_ **CURB CUT:**  \_\_\_\_\_ **PLUMBING:**  \_\_\_\_\_

**MECHANICAL:**  \_\_\_\_\_ **BUILDING:**  \_\_\_\_\_ **TOTAL: \$** \_\_\_\_\_

**CERTIFICATE OF OCCUPANCY DEPOSIT** (See Attached Form) **TOTAL: \$** \_\_\_\_\_

NATURE OF WORK: \_\_\_\_\_ FINISHED Sq. Ft. \_\_\_\_\_

SIZE: \_\_\_\_\_ X \_\_\_\_\_ HEIGHT: \_\_\_\_\_ NO. OF UNITS: \_\_\_\_\_ NO. OF STORIES: \_\_\_\_\_

**TOTAL COMPUTED CONSTRUCTION COST \$** \_\_\_\_\_

**PER 2003 IBC SECTION 110.1:** No building or structure shall be used or occupied, and no change in the existing occupancy classification of a building or structure or portion thereof shall be made until the Building Official has issued a certificate of occupancy therefor as provided herein. **§ 9-601:** Failure to comply could result in possible fines of up to \$500.00 per day and /or legal action.

**The above stated construction is the only work allowed under this permit; any additional work will require a separate permit. Work without a permit could result in a fine and possible legal action. TO SCHEDULE INSPECTIONS CALL (402) 944-3387**

**I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified or not, including, but not limited to, Plumbing, Mechanical and Building Codes, and Zoning Regulations of the City of Ashland.**

**YOUR SIGNATURE AUTHORIZES THE BUILDING OFFICIAL OR HIS AGENT TO ENTER THE PROPERTY TO CONDUCT INSPECTIONS DURING REGULAR BUSINESS HOURS.**

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PRINT: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

( Owner or Agent's Signature )

**-----FOR OFFICE USE ONLY-----**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ COMMENTS: \_\_\_\_\_