

## City of Syracuse 495 Midland St / PO Box F Syracuse, NE 6844

**Building Inspector Phone:** (402)269-2173 **Fax:** (402)269-2499

## **APPLICATION FOR BUILDING PERMIT**

Please Allow a Minimum of Seven Business Days for Processing.

Before You Dig, Call Diggers Hotline: 811

2018 International Building Code and 2018 International Residential Code

Date:				Per	mit #:
Property Owner:		Phone	#:	Cell #:	
Email: Property Address:			Zoning:		
Legal Description	<b>:</b>		Lo	ot Size:	
Contractor:		Addres	s:		
Phone #:	Cell #:	Email:	State Contractor #:		
The applicant is a	pplying for a permit to	: (Check all that appl	y)		
Renovation o	f Structure Built Prior	o 1978 (Lead Form)	Structure Type:		
Construct a N	lew Structure		Number of Levels:		
Alter a Struct			First Floor Living Area (sq ft):		
Enlarge a Stru			Second Floor Living Area (sq ft):		
	Feet and Height <u>L</u>	w H )	Unfinished Basement (sq ft):		
	arden/Storage Shed (L		Finished Basement (sq ft):		
	- Front / Rear (Circle a		Slab On Grade/Footing (sq ft):		
	(L W H )	• • • •	Garage (sq ft):		
Curb Grind			Front / Rear Deck (sq ft):		
			Front / Rear Porch (sq ft):		
Residence – N Commercial ( Garage/Stora	Plans to state Fire Man	shal's Office also)	Estimated Cost of Cons OR ICC Building Valuati d for:	on Data Tab	le:
Architect:				Cell	
	Cell:Plu Cell:HV				
I hereby affirm the co electric, heating, and **** Construction I	orrectness of the above data applicable building code of must begin within six(6) r	and further, that I will ab the City. nonths of issuance to n	oide and certify that my subcont	ractors will ab	ide by the plumbing,
	+ Permit Fee: ed to your total amount o		nt Due: Cash: _	Check:	*Credit Card:
'A surcharge is dad	ea to your total amount t	iue jor transaction costs	S		
Print Name of App	licant	Date	Signature of Applicant		Date
Building Inspector	·	Date	Zoning Administrator		Date
City Staff	<del></del>	 Date			

Comments:					
(402)269-2173 - Please notify ou	r office <u>24 hours</u> in advance	for inspections that y	ou need - Thank You! (402)269-2173		
CHECKLIST FOR INSPECTIONS:					
Set of Plans with Check and Applie	cation	Fra	Framing Rough-in*		
Footings: Prior to Pouring Concrete			Plumbing Rough-in*		
Foundation			Mechanical Rough-in*		
Plumbing: Drains under Basemen	t Floor	*These in	*These inspections need to be completed at the same time*		
Plumbing: Water Line		Ins	Insulation		
Sewer / Septic / Lagoon		Fir	Final Inspection Prior to Occupancy		
	Final Inspection Date	e:			
	<b>Deposit Return Date</b>	·			
ALL FI	EES MUST BE PAID WHEN	I APPLICATION IS M	ADE.		
NO PER	MIT WILL BE ISSUED UNT	IL PROPER FEES AR	E PAID.		
YOUR SPECIAL ATTENTION is called to the	following:				
including any Zoning Ordinances regulating the provisions of ordinances.  A placard given at the time the perm	e construction and use of bunit is issued shall be displaye	uildings, and may be red on premises. The B	cts conform to the Ordinances of this jurisdictio evoked at any time upon violation of any uilding Inspector must be notified and inspectio isting buildings require inspections as described		
On jobs involving reinforced concrete w	vork, inspection must be	made after steel is	in place but before the concrete is poured.		
for the examination of the original places.  The permit shall be void if constructions.	must be authorized with the stion work has not started be made by a phone call to the	approval of revised p within six (6) mon he City when construc	plans subject to the same procedure established this from the date the permit is issued. It is issued.		
F. 11 10					
* Any engineering charges incurred for drainage re Permi		, as deemed necessary b ificate of Occupancy bei			
	NW ¼	NE ¼			
	SW ¼	SE 1/4			
Show all dimensions of your Lot: Bu	_		cation of any existing buildings below:		
	Lot Li (Attach additional p				
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e					
Na					
oad					
~					
0					
Street or Road Name:					

Adopted: January 13, 2021 Resolution: 21-02