



R-2 Zoning District Accessory Bldg Permit # _____

Detached Accessory Building Larger than 120 ft²

(if 120 ft² or smaller use a Shed Permit for Accessory Buildings)

Application is *not* approved until permit number is issued and paid for. Do *not* begin construction until then.

115 Locust Street
P.O. Box 127
Hickman, NE 68372-0127
Phone 402.792.2212
Fax 402.792.2210
www.hickman.ne.gov

Property Owner(s) _____ Phone # (____) _____

Street Address: _____

Legal: Block _____ Lot _____ Addition _____ City, State _____

Zoning District: _____ (if other than R-2 Zoning District please review setbacks not listed on this form)

Contractor: _____ Phone # (____) _____

Contractor Address: _____ Total Square Footage: _____

APPLICATION REQUIREMENT ITEMS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> Site Plan (2 copies) | <input type="checkbox"/> Permit Fee Payment | <input type="checkbox"/> Curb Cut Permit (if needed) |
| <input type="checkbox"/> Construction Design (2 copies) | <input type="checkbox"/> Electrical Permit | <input type="checkbox"/> Plumbing and/or Mechanical Permit (if needed) | |

Site Plan should include:

- ☐ North arrow
- ☐ Address
- ☐ Property lines and easements
- ☐ Location of proposed garage with written distances from the garage/accessory building to the rear property line, side property line, the house, and any other structures in the back yard.
- ☐ Location of any existing or proposed changes in grade to level a sloping yard for garage placement.

Design:

- ☐ Constructed and finished in materials customary to residential construction. (i.e. siding or other approved material)
- ☐ Height of garage in the R-2 District not more than 17 feet and max. height of sidewalls not more than 12 feet
- ☐ Maximum width of 36 feet and an overhang of at least 6 inches
- ☐ Total sq. ft. of garage not greater than 75% of Principal Bldg sq. ft.
- ☐ Description of windows, doors, and exits
- ☐ Description of framing, trusses, bolts and ventilation
- ☐ Description of foundation and footings

Zoning Regulations (for R-2 Zoning District): check with the City Office is you are unsure of your zone or easements

- ☐ 10 feet apart from any other accessory structure & principal structure
- ☐ 50 feet front yard setback (corner lots have two front yard setbacks)
- ☐ 5 feet from rear property line (10 feet if rear line is an alley) (unless there is an easement)
- ☐ 6 feet from side property line (unless there is an easement)
- ☐ Total Lot coverage not exceed 35%; rear yard coverage not exceed 30%

OFFICE USE ONLY

Permit Fee	\$ _____
Plan Review	\$50.00 _____
Foundation	\$40.00 _____
Framing Rough-In	\$40.00 _____
Final Building	\$40.00 _____
Electrical Temporary	\$40.00 _____
Electrical Rough-In	\$40.00 _____
Electrical Final	\$40.00 _____
HVAC Groundwork	\$40.00 _____
HVAC Rough-In	\$40.00 _____
HVAC Final	\$40.00 _____
Plumbing Groundwork	\$40.00 _____
Plumbing Rough-In	\$40.00 _____
Plumbing Final	\$40.00 _____
Fee & Inspection Total	\$ _____
Check #	_____

THE UNDERSIGNED HERBY CERTIFIES that they 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. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant Signature _____ Date _____

Plan Approved by _____ Date _____ Permit Approved by _____ Date _____



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ELECTRICAL PERMIT # _____

Date of Permit Application: _____

Job Address: _____

Description of work to be done: _____

Cost Valuation of Job: \$ _____ (only if separate from a new building permit)

Property Owner's Name: _____

Electrical Company Name: _____

Electrical Company Address: _____

Contact Person: _____ Phone #: _____

Electrician's Name: _____ (if different from Contact Person)

**State Law requires all Electrical Installation shall meet or exceed the
2017 National Electrical Code.**

The Electrician making the installation must have a copy of a **Master Electrical License** and
Proof of Insurance attached or on file with the City of Hickman.

Applicant (Printed Name)	Signature	Date
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City Official (Printed Name)	Signature	Date
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Office Use Only

If separate from Building Permit Application then:

Inspection Fee(s) # _____ x \$40.00 = \$ _____

Permit Fee \$50.00 if valuation < \$9,000.00 = \$ _____

OR If valuation > \$9,000.00 the Permit Fee \$50.00 + \$1.035 per \$1,000.00 valuation = \$ _____

Total = \$ _____

Receipt # _____

Contact Ray Paulson 402.416.8899 for Electrical Inspections



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PLUMBING PERMIT # _____

Date of Permit Application: _____

Job Address: _____

Description of work to be done: _____

Cost Valuation of Job: \$ _____ (only if separate from a new building permit)

Property Owner's Name: _____

Plumbing Company Name: _____

Plumbing Company Address: _____

Contact Person: _____

Phone #: (____) _____ E-mail: _____

Applicant (Printed Name)	Signature	Date
--------------------------	-----------	------

City Official (Printed Name)	Signature	Date
------------------------------	-----------	------

Office Use Only

If separate from Building Permit Application than:

Inspection Fee(s) # _____ x \$40.00 = \$ _____

Permit Fee \$50.00 if valuation < \$9,000.00 = \$ _____

OR If valuation > \$9,000.00 the Permit Fee \$50.00 + \$1.035 per \$1,000.00 valuation = \$ _____

Total = \$ _____

Receipt # _____

Contact John Morris at 402.560.6610 for Plumbing Inspections



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MECHANICAL (HVAC) PERMIT # _____

Date of Permit Application: _____

Job Address: _____

Description of work to be done: _____

Cost Valuation of Job: \$ _____ (only if separate from a new building permit)

Property Owner's Name: _____

HVAC Company Name: _____

HVAC Company Address: _____

Contact Person: _____

Phone #: (____) _____ E-mail: _____

Applicant (Printed Name)	Signature	Date
--------------------------	-----------	------

City Official (Printed Name)	Signature	Date
------------------------------	-----------	------

Office Use Only

If separate from Building Permit Application than:

Inspection Fee(s) # _____ x \$40.00 = \$ _____

Permit Fee \$50.00 if valuation < \$9,000.00 = \$ _____

OR If valuation > \$9,000.00 the Permit Fee \$50.00 + \$1.035 per \$1,000.00 valuation = \$ _____

Total = \$ _____

Receipt # _____

Contact Mark Howard 402.304.9135 for HVAC Inspections



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CURB CUT PERMIT # _____

Application is *not* approved until curb cut permit is issued and paid for.
Do *not* begin construction until curb cut permit is issued.

Property Owner(s) _____ Phone # _____

Job Address: _____

Contractor: _____ Phone #: _____

Residential

NEW CHANGE AS OF August 24, 2017 for Residential

Existing Cut _____ New Cut _____ Total _____

Two Stall **Garage Maximum Total CURB CUT** **26 FEET**

Three Stall **Garage Maximum Total CURB CUT** **30 FEET**

Commercial

Existing Cut _____ New Cut _____ Total _____

Existing Cut _____ New Cut _____ Total _____

ALL CURBS ARE TO BE PREMARK AND INSPECTED BY CITY PUBLIC WORKS PRIOR TO CUTS MADE

Property Owner or Contractor (Printed Name) Signature Date

City Official (Printed Name) Signature Date

Office Use Only

If separate from Building Permit Application than:

Applicant shall deposit with the City Treasurer a sum to be retained by the City for the purpose of replacing curb in the event the work is not satisfactory. Sum shall be set on a per square foot cost of construction basis. Section 6-106 Hickman Municipal Code.

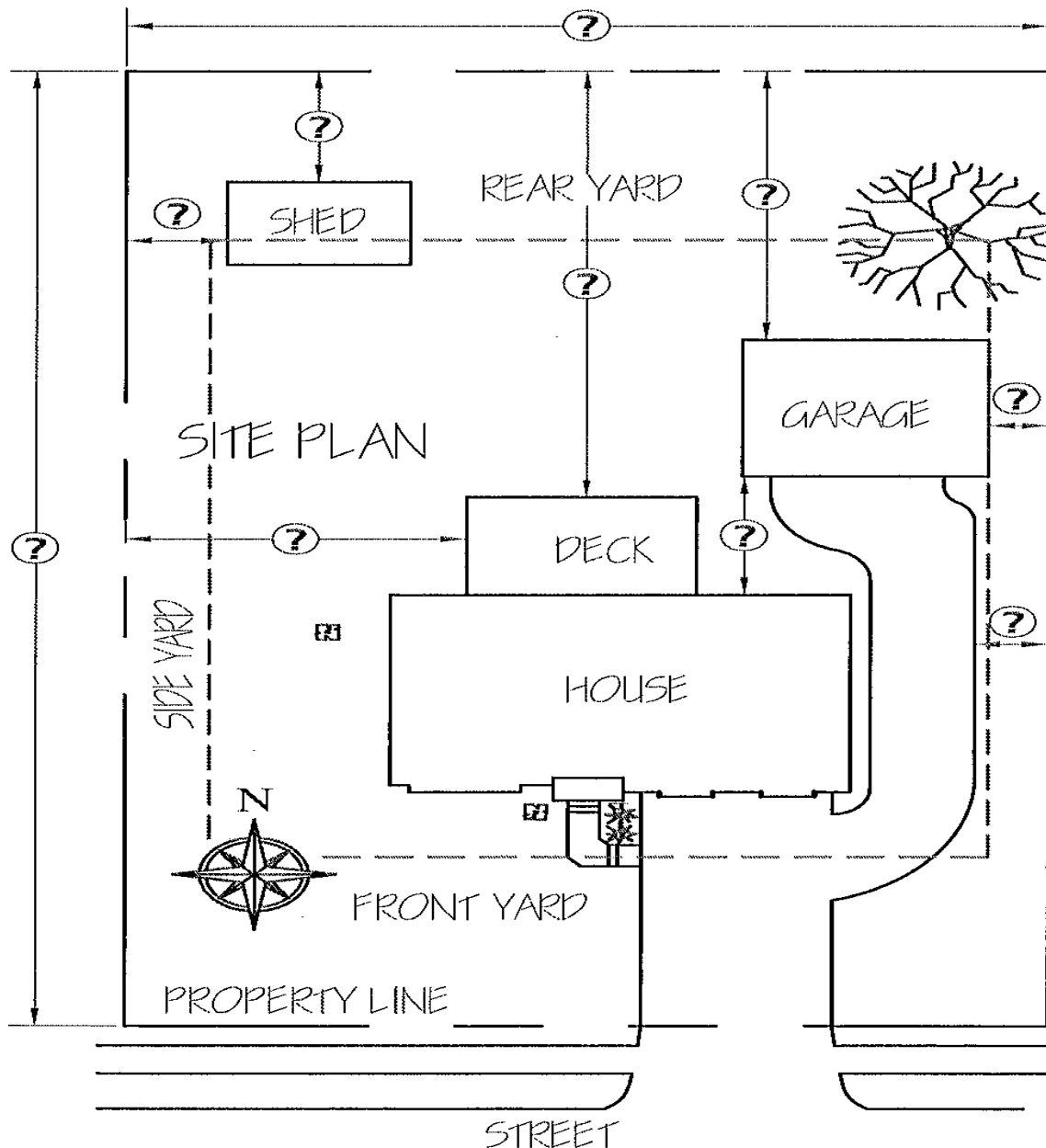
Permit Fee = \$ \$35.00

Receipt # _____

Contact Bob Lovorn 402.432.1513 for Pre-Cut Inspection

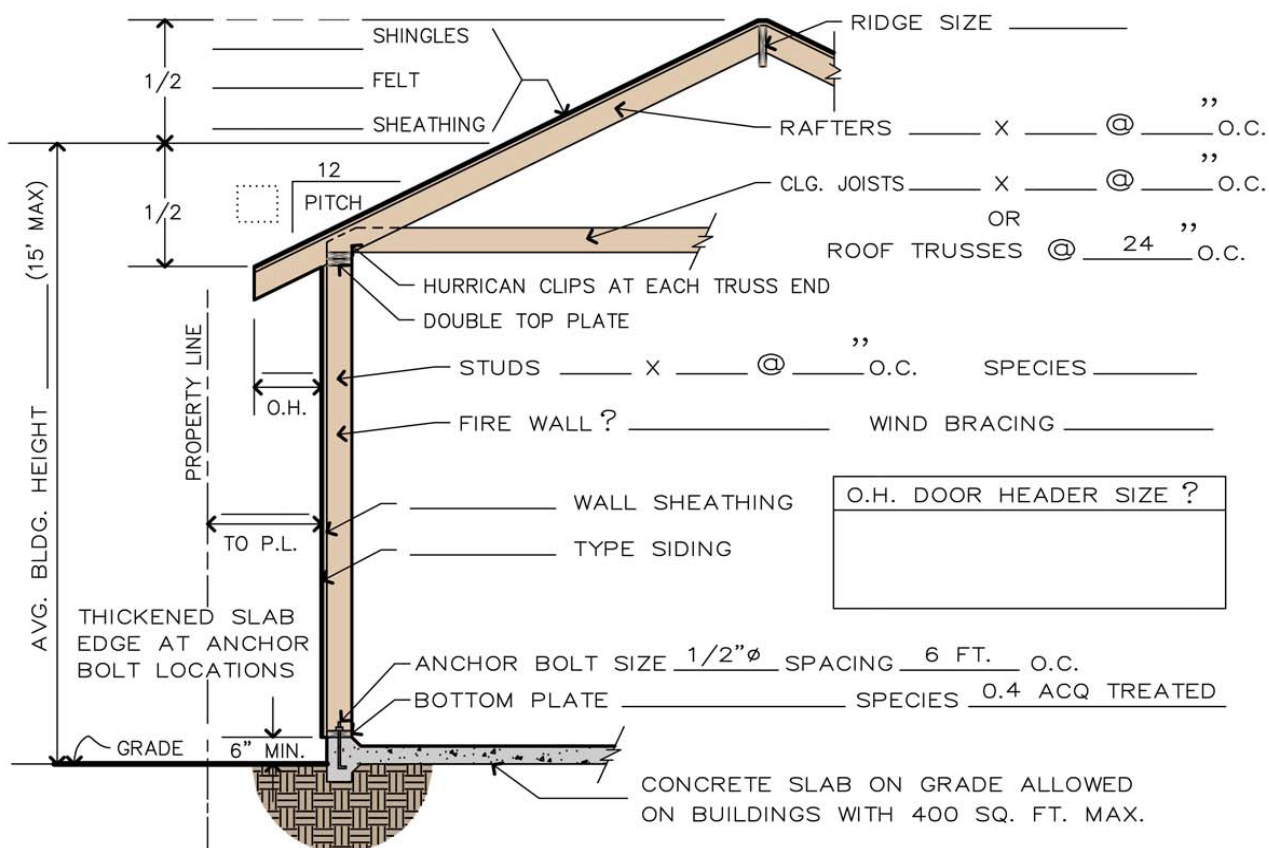
Distances required on Site Plan

Distance minimums are dependant on the zoning. Additional neighborhood covenants and easements are the responsibility of the builder or homeowner.



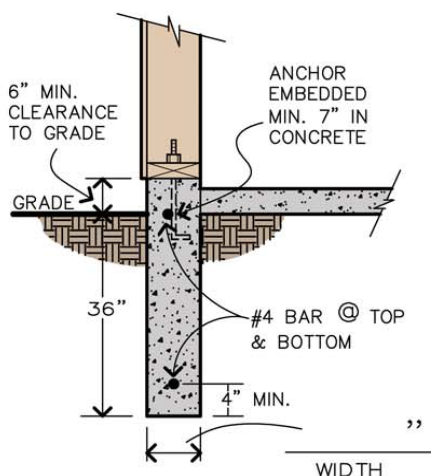
All question mark sybols (?) (seen in site plan above) are required for plan submittal.

DETACHED ACCESSORY BUILDING



FROST - FREE FOOTING •

* FOR BUILDINGS OVER 400 SQ. FT.



• MONOLITHIC SLAB •

Grade must be relatively level

OPTIONAL FOR BUILDINGS LESS THAN 500 SQ. FT.

