



# COMMERCIAL BUILDING PERMIT # \_\_\_\_\_

115 Locust Street, P.O. Box 127  
 Hickman, NE 68372-0127  
 Phone 402.792.2212  
 Fax 402.792.2210  
[www.hickman.ne.gov](http://www.hickman.ne.gov)

Application is *not* approved until building permit number is issued and paid for. Do *not* begin construction until the building permit process is complete.

Property Owner(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_ Legal: Block \_\_\_\_\_ Lot \_\_\_\_\_ Addition \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

**Commercial Construction Permit Items**

Electrical Permit: License & Certificate of Insurance

State Fire Marshal Review

Commercial Energy Code Certification

Sedimentation Agreement, Ordinance & Notice

Sidewalk Permit       HVAC Permit

Curb Cut Permit       Plumbing Permit

3 Site Plans – Lot & Building Dimensions & Set Backs

3 Sets of Building Plans       Fuel Gas Permit

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Window Schedule – 3 copies

COMcheck Compliance Certificate (3 signed copies)

**\*\* APPLICANT \*\* PLEASE COMPLETE IN FULL**

Water Meter Size (in inches) \_\_\_\_\_ # of Stories \_\_\_\_\_

Total Finished Area ft<sup>2</sup> \_\_\_\_\_ Unfinished Area ft<sup>2</sup> \_\_\_\_\_

Total ft<sup>2</sup> \_\_\_\_\_ Garage/Carport ft<sup>2</sup> \_\_\_\_\_

Total Commercial Off Street Parking Spaces \_\_\_\_\_

**OFFICE USE ONLY**

Zoning District \_\_\_\_\_ Type of Construction \_\_\_\_\_

Occupancy Group \_\_\_\_\_ Flood Plain Permit \_\_\_\_\_

Front Setback \_\_\_\_\_ Rear Setback \_\_\_\_\_

Side Setback \_\_\_\_\_ Other Setback \_\_\_\_\_

Master Fee Sched. Valuation \$ \_\_\_\_\_

**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 state or local law regulating construction or the performance of construction.

**OFFICE USE ONLY**

**New Construction Fees (per Master Fee Schedule)**

Sewer Fees	\$ 1,200.00
Water Meter _____ (inches) & Connection Fee	\$ _____
Water Infrastructure Fee	\$ 800.00
Electrical Fees (includes transformer vault)	\$ 2,500.00
Streets Fees	\$ 400.00
Parks Fees	\$ 700.00
Occupancy Permit	\$ 100.00
<b>Subtotal \$</b>	_____

**Inspection & Permit Fees (per Master Fee Schedule)**

Permit Fees (\$50 + \$1.035 per \$1000.00)	\$ _____
Plan Reviews (\$50.00 per hour per Inspector)	\$ _____
Foundation	\$ 40.00
Framing Rough-In	\$ 40.00
Plumbing Ground Work	\$ 40.00
Plumbing Rough-In	\$ 40.00
Plumbing Final	\$ 40.00
Fuel Gas Rough-In	\$ 40.00
Fuel Gas Final	\$ 40.00
Deco Fireplace	\$ 40.00
HVAC Rough-In	\$ 40.00
HVAC Final	\$ 40.00
Electrical Temporary	\$ 40.00
Electrical Service (Panel)	\$ 40.00
Electrical Rough-In	\$ 40.00
Electrical Final	\$ 40.00
Final Building	\$ 40.00
Sidewalk Permit	\$ 45.00
Driveway/Curb Cut Permit	\$ 35.00
<b>Subtotal \$</b>	_____
<b>Fees Total \$</b>	_____

**Fees Payment Check # \_\_\_\_\_**

**New Construction Deposit of \$500.00\***

**New Construction Deposit Check # \_\_\_\_\_**

New Construction Deposit will be held until Final Occupancy Permit is issued and will be forfeited if signs of occupancy are visible prior to passing all Inspections and issuance of Occupancy Permit.

Applicant Printed Name \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_ Director of Permits, Zoning, and Codes Signature \_\_\_\_\_ 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

\_\_\_\_\_  
City Official (Printed Name) Signature Date

*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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## FUEL GAS INSTALLATION PERMIT # \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_ Cost Valuation of Job: \$ \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Job Address: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Permit Type  Single Family  Multi-Family  Commercial

Type of Work:  New  Replacement  Alteration/Remodel

Detailed Description of Work \_\_\_\_\_

\_\_\_\_\_

- |                                               |                                           |                                           |
|-----------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> A/C                  | <input type="checkbox"/> Fireplace (Gas)  | <input type="checkbox"/> Gas Range/Oven   |
| <input type="checkbox"/> Air To Air Exchanger | <input type="checkbox"/> Fireplace (Wood) | <input type="checkbox"/> New Gas Grill    |
| <input type="checkbox"/> Boiler               | <input type="checkbox"/> Furnace          | <input type="checkbox"/> Gas Water Heater |
| <input type="checkbox"/> Chimney Liner        | <input type="checkbox"/> Gas Dryer        | <input type="checkbox"/> Pool Heater      |
| <input type="checkbox"/> Duct Work            | <input type="checkbox"/> Gas Piping       | <input type="checkbox"/> Outdoor Fire Pit |
| <input type="checkbox"/> Other: _____         |                                           |                                           |

THIS IS AN APPLICATION FOR A PERMIT-NOT VALID UNTIL PROCESSED I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Hickman and with the Nebraska Construction Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant (Printed Name) \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

City Official (Printed Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

If separate from Building Permit Application than: (if needed) Plan Review \$50.00 \_\_\_\_\_

Fuel Gas Piping Rough-In Plumbing \$40.00 \_\_\_\_\_

Fuel Gas Piping Final Plumbing \$40.00 \_\_\_\_\_

Outdoor Fire Pit Gas Piping Plumbing \$40.00 \_\_\_\_\_

Duct, Ventilation and Clearance Fireplace HVAC \$40.00 \_\_\_\_\_

Total = \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

**Contact John Morris at 402.560.6610 for Plumbing Inspections**

**Contact Mark Howard 402.304.9135 for HVAC Inspections**



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## SIDEWALK PERMIT # \_\_\_\_\_

### Permit to Repair, Replace, or Construct Sidewalk

I, \_\_\_\_\_, hereby make application, under the provisions of Section 6, Article 3 of the Municipal Code of the City of Hickman, for permission to repair / replace / construct (circle one) a sidewalk at the following address: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

#### Office Use Only

Permission has been granted to \_\_\_\_\_ to repair / replace / construct (circle one) a sidewalk at \_\_\_\_\_ in Hickman, NE. All work is to be done in accordance with the existing ordinances and subject to the supervision, including a pre-pouring inspection, of the Director of Public Works for the City of Hickman.

Date of Application Accepted: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Director of Permits and Zoning

Date of Pre-Pouring Inspection: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Director of Public Works

#### Office Use Only

#### If separate from Building Permit Application than:

Permit Fee = \$ \_\_\_\_\_ **\$45.00** \_\_\_\_\_

Receipt # \_\_\_\_\_

**Contact Bob Lovorn 402.432.1513 for Pre-Pour Inspection**



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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**



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## NEBRASKA ENERGY CODE CERTIFICATION

**BUILDING PERMIT # \_\_\_\_\_**

I \_\_\_\_\_ hereby certify the structure contained in  
Print Name

this building permit complies with the Nebraska Energy Code. (RRS 81-1608 to 81-1626).

\_\_\_\_\_  
Party Responsible for IECC Compliance Signature

\_\_\_\_\_  
Date





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**SEDIMENT NOTICE**

**BUILDING PERMIT # \_\_\_\_\_**

**SEDIMENT IN PUBLIC RIGHT-OF-WAY OR STORM DRAINAGE SYSTEM FORBIDDEN**

**Hickman Municipal Code Chapter 6, Article 1 §6-104:  
Sediment On Public Ways; Nuisance; Notice to Remove; Penalty**

A. Any person responsible for sediment deposited into or upon any street, alley, sidewalk public way, storm drainage system, or public ground as a result of tracking, runoff or other erosion and sedimentation from a building or development site, shall remove the same within a reasonable period of time as required by the City of Hickman, Department of Environmental Quality, or other agency. Whenever the person responsible for sediment deposited into or upon any street, alley, sidewalk, public way, storm drainage system, or public grounds refuses or neglects to remove the same, the City may elect to remove the sediment and the expense of such removal shall be recoverable by the City.

B. If the City, Department of Environmental Quality, or other agency determines that the conditions described above constitute an immediate nuisance and hazard to public safety, the City shall issue a written notice to abate and remove such nuisance or hazard within 24 hours. If such person responsible shall have failed or refused to abate and remove such nuisance at the expiration of 24 hours from delivery of notice, the City may remove such nuisance and the expense of such removal shall be recoverable by the City. (Ord. No. 2007-20, 12/11/07)

Property Address: \_\_\_\_\_

Contactor/Property Owner (Print): \_\_\_\_\_

*Acknowledgment*

I \_\_\_\_\_ understand the above ordinance and will comply with this City Ordinance and all other State and Federal laws regarding sedimentation and storm water run-off. I also understand that if I fail to comply with the above ordinance, the City of Hickman may pursue all legal remedies, including lien filing available to them.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Official (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# City of Hickman

## Best Management Practices (BMP) to Control & Limit Erosion & Sediment

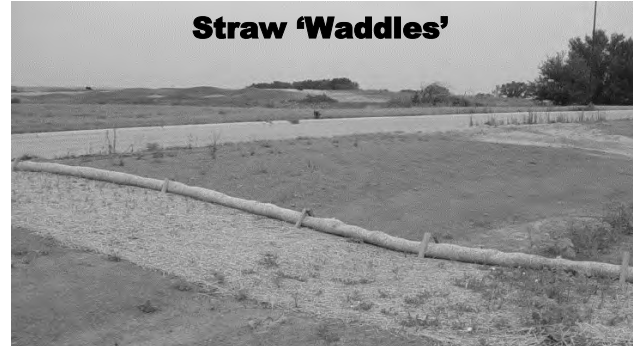
The City of Hickman has an ordinance (2007-20); *Municipal Code: §6-104: Sediment On Public Ways; Nuisance; Notice to Remove; Penalty*; that require any sediment in the public right-of-way to be removed or cleaned up in a timely manner. Of course, prevention is the best way to keep our streets clean.

### Silt Fences at Strategic Locations



Properly located and installed silt fences can greatly reduce the amount of sediment that leaves a construction site.

### Straw 'Waddles'



Ground covers can slow the flow of water reducing erosion and allowing sediment to settle out.

### Straw Mats & Ditch Checks



Combinations of BMPs can be very effective.



Sometimes the best BMP is just cleaning it up yourself!

### Hydromulch Seeding or Permanent & Temporary Seeding



### Rock Site Entrance



### Inlet Protection

