



Application is *not* approved until building permit is issued and payment received.
Do *not* begin construction until building permit is issued.

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

EXTRATERRITORIAL JURISDICTION
RESIDENTIAL NEW CONSTRUCTION
ETJ PERMIT # _____

Property Owner(s): _____ Phone # _____

Street Address: _____ Legal: Block ____ Lot ____ Addition _____

Contractor: _____ Phone # _____

- New Residential Construction Permit Items**
- Electrical Permit – License & Certificate of Insurance
 - Residential Energy Code Certification
 - Sedimentation Agreement, Ordinance & Notice
 - Plumbing Permit & HVAC Permit & Fuel Gas Permit
 - 2 Site Plans – Lot & Building Dimensions & Set Backs
 - 2 Sets of Building Plans
 - Window Schedule – 2 copies
 - REScheck Compliance Certificate – 2 signed copies

**** APPLICANT ** Please Complete In Full**

Main Floor ft² _____ Finished Lower Floor ft² _____
Finished Upper Floor ft² _____
Unfinished Lower/Upper Floor ft² _____ Garage ft² _____
Carport ft² _____ Deck/Patio ft² _____

OFFICE USE ONLY

Zoning District _____ Type of Construction _____
Occupancy Group _____ Flood Plain Permit _____
Front Setback _____ Rear Setback _____
Side Setback _____ Other Setback _____

Master Fee Schedule 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)

Occupancy Permit \$ 100.00
Other _____
Subtotal \$ _____

Inspection & Permit Fees (per Master Fee Schedule)

Permit Fees (\$50 + \$1.035 per \$1000.00) \$ _____
Plan Review (\$50.00 per hour per Inspector) \$ _____
Foundation \$ 40.00 _____
Framing Rough-In \$ 40.00 _____
Deck Footing \$ 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 \$ 40.00 _____
Electrical Rough-In \$ 40.00 _____
Electrical Final \$ 40.00 _____
Final Building \$ 40.00 _____

Subtotal \$ _____

Fees Total \$ _____

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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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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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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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



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Contractor Information Sheet Sediment and Sidewalk Specs

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

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STANDARDS FOR SIDEWALK CONSTRUCTION

- The sidewalk shall be four (4) feet in width with four (4) inch thick concrete.
- The concrete shall be sand/gravel mix or an approved equal mix and shall be 3000 psi – 28 day strength.
- Joints in the sidewalk shall be on four (4) foot centers, and are to be one-fourth (1/4) inch wide and one-half (1/2) inch deep.
- The elevation of the sidewalk shall be five (5) inches above the tip of the curb.
- The back side of the sidewalk shall be located at the property line. A trail should be one foot off of the property line. If there are any questions call the Public Works Director at 402.432.1513.
- The transverse slope of the sidewalk shall be a minimum of one-fourth (1/4) inch per foot and a maximum of one-half (1/2) inch per foot with all slopes toward the street curb.