



Application is *not* approved until a 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

Residential/Commercial

Remodel/Finish/Addition Permit # _____

Application for Permit to:

- ☐ Remodel Existing
- ☐ Finish Construction
- ☐ Add on to Existing (Addition)

Intended Use:

- ☐ Single Family – Detached
- ☐ Single Family Attached – (Condo/Duplex)
- ☐ Commercial Building

Property Owner(s): _____ **Phone #** _____

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

Contractor: _____ **Email** _____ **Phone #** _____

Description of Work to be Completed: _____ **Construction Cost: \$** _____

Remodel/Finish/Additions

- ☐ Completed Application Form
- ☐ Construction Plan (3 copies) description of work and rooms involved
- ☐ Electrical Permit (if needed) include Electrician's License and Insurance
- ☐ Plumbing Permit (if needed)
- ☐ Mechanical Permit (if needed)
- ☐ Permit Payment
- ☐ TOTAL SQUARE FOOTAGE

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.

Inspections Fees (per Master Fee Schedule)

Permit Fees	\$	_____
Plan Review	\$	50 _____
Foundation	\$	50 _____
Framing Rough-In	\$	50 _____
Final Building	\$	50 _____
Plumbing Ground Work	\$	50 _____
Plumbing Rough-In	\$	50 _____
Plumbing Final	\$	50 _____
HVAC Rough-In	\$	50 _____
HVAC Final	\$	50 _____
Electrical Temporary	\$	50 _____
Electrical Rough-In	\$	50 _____
Electrical Final	\$	50 _____

Inspection and Fees Total \$ _____

Payment Check # _____

Applicant Printed Name

Applicant Signature

Date

Building Inspector Signature

Date

Zoning Administrator Signature

Date



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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
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City Official (Printed Name)	Signature	Date
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Office Use Only

If separate from Building Permit Application than:

Inspection Fee(s) # _____ x \$50 = \$ _____

Permit Fee \$65 if valuation < \$9,000 = \$ _____

OR If valuation > \$9,000 the Permit Fee \$65 + \$1.35 per \$1,000 valuation = \$ _____

Total = \$ _____

Receipt # _____



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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
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City Official (Printed Name)	Signature	Date
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Office Use Only

If separate from Building Permit Application than:

Inspection Fee(s) # _____ x \$50 = \$ _____

Permit Fee \$65 if valuation < \$9,000 = \$ _____

OR If valuation > \$9,000 the Permit Fee \$65 + \$1.35 per \$1,000.00 valuation = \$ _____

Total = \$ _____

Receipt # _____



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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 _____

___ A/C	___ Fireplace (Gas)	___ Gas Range/Oven
___ Air To Air Exchanger	___ Fireplace (Wood)	___ New Gas Grill
___ Boiler	___ Furnace	___ Gas Water Heater
___ Chimney Liner	___ Gas Dryer	___ Pool Heater
___ Duct Work	___ Gas Piping	___ Outdoor Fire Pit
___ 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
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City Official (Printed Name)	Signature	Date
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Office Use Only (as needed)

Fuel Gas Permit Application	\$65	_____
Plan Review	\$50	_____
Fuel Gas Piping Rough-In Plumbing Inspection	\$50	_____
Fuel Gas Piping Final Plumbing Inspection	\$50	_____
Outdoor Fire Pit Gas Piping Plumbing Inspection	\$50	_____
Duct, Ventilation and Clearance Fireplace HVAC Inspection	\$50	_____
Total =	\$	_____
Receipt #	_____	



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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 \$50.00 = \$ _____

Permit Fee \$65.00 if valuation < \$9,000.00 = \$ _____

OR If valuation > \$9,000.00 the Permit Fee \$65.00 + \$1.35 per \$1,000.00 valuation = \$ _____

Total = \$ _____

Receipt # _____



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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