



TA Zoning District (ETJ)

## Detached Accessory 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

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

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

Street Address: \_\_\_\_\_

Legal: Block \_\_\_\_\_ Lot \_\_\_\_\_ Addition \_\_\_\_\_ City, State \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

### APPLICATION REQUIREMENT ITEMS

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

#### Site Plan should include:

- ☐ North arrow
- ☐ Address
- ☐ Property lines and easements
- ☐ Measured distances of proposed 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 building placement.

#### Design:

- ☐ Total square footage of building
- ☐ Description of windows, doors, and exits
- ☐ Description of framing, trusses, bolts and ventilation
- ☐ Description of foundation and footings

**Zoning Regulations (for TA Zoning District):** check with the City Office is you are unsure of your zone.

- ☐ Height of accessory building in the TA District not more than 25 feet
- ☐ 10 feet apart from any other accessory structure and principal structure
- ☐ 10 feet from rear property line
- ☐ 10 feet from side property line
- ☐ 70 feet from front property line.
- ☐ Single accessory structure maximum lot coverage 5% of total lot ft<sup>2</sup>
- ☐ Combined lot coverage of all buildings, including principal structure, does not exceed 15% of total lot square footage

#### OFFICE USE ONLY

Permit Fee	\$ _____
Plan Review	\$50.00 _____
Foundation	\$50.00 _____
Framing Rough-In	\$50.00 _____
Final Building	\$50.00 _____
Electrical Temporary	\$50.00 _____
Electrical Rough-In	\$50.00 _____
Electrical Final	\$50.00 _____
HVAC Groundwork	\$50.00 _____
HVAC Rough-In	\$50.00 _____
HVAC Final	\$50.00 _____
Plumbing Groundwork	\$50.00 _____
Plumbing Rough-In	\$50.00 _____
Plumbing Final	\$50.00 _____
<b>Fee &amp; Inspection Total</b>	<b>\$ _____</b>
<b>Check #</b>	_____

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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## 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*

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

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

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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

City Official (Printed Name)      Signature      Date

### **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*

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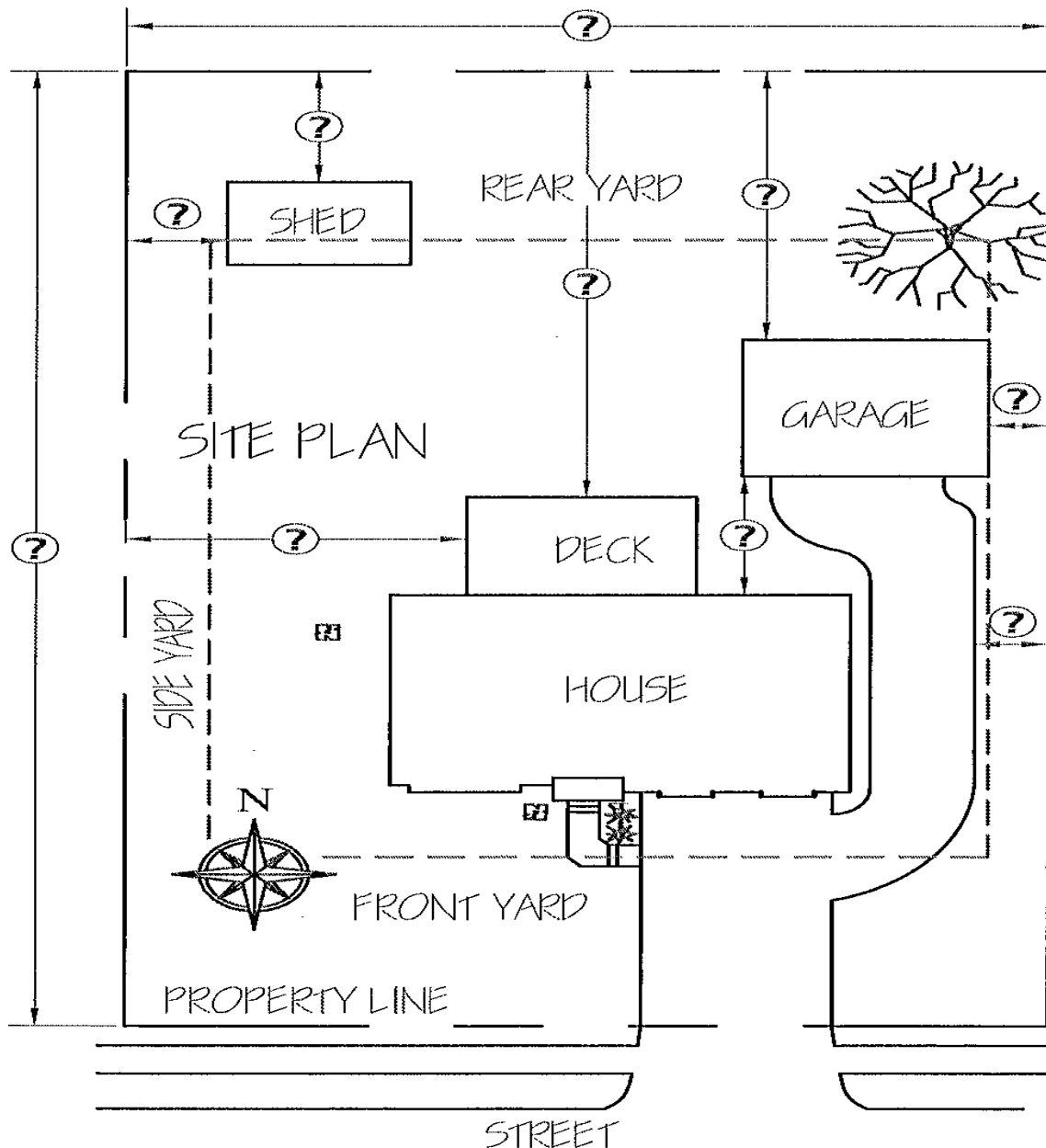
**OR** If valuation > \$9,000.00 the Permit Fee \$65.00 + \$1.35 per \$1,000.00 valuation = \$ \_\_\_\_\_

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

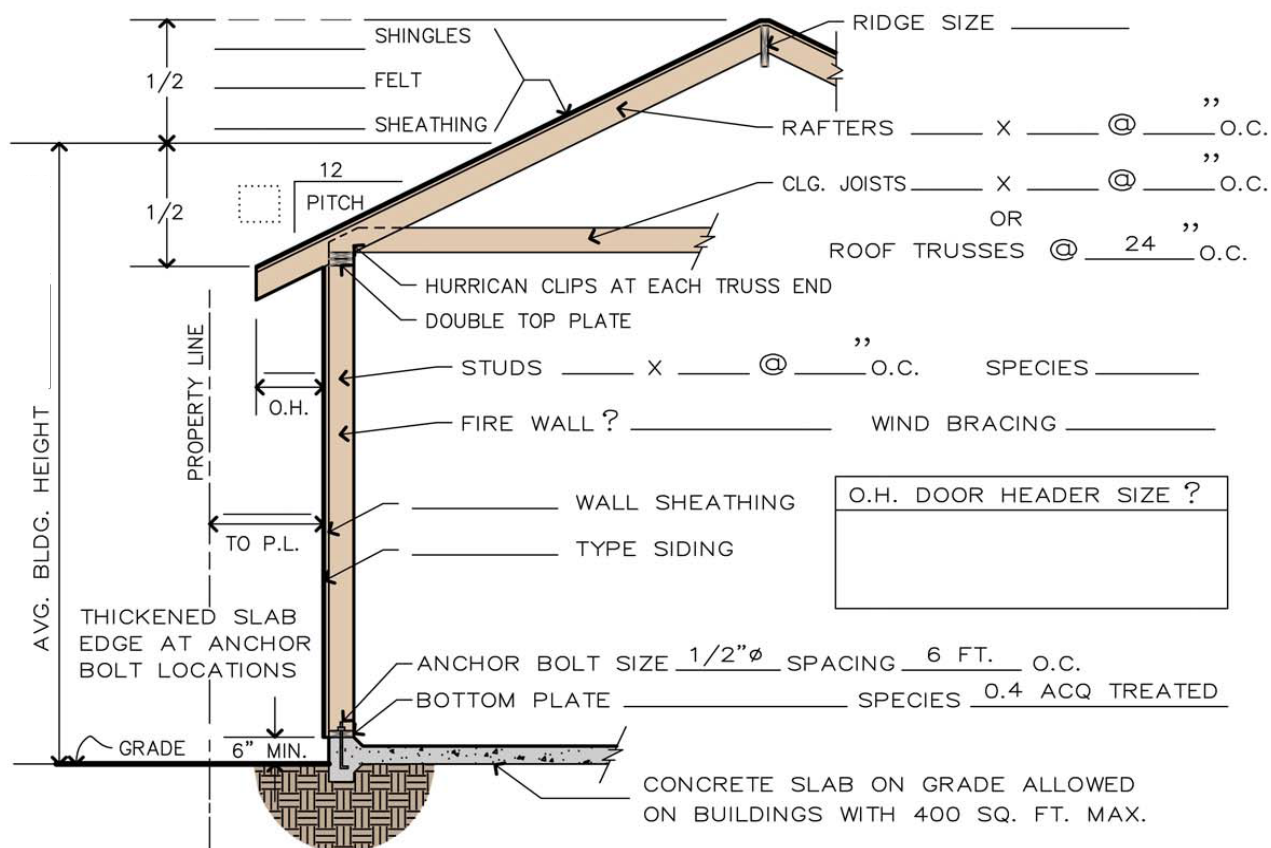
## **Distances required on Site Plan**

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

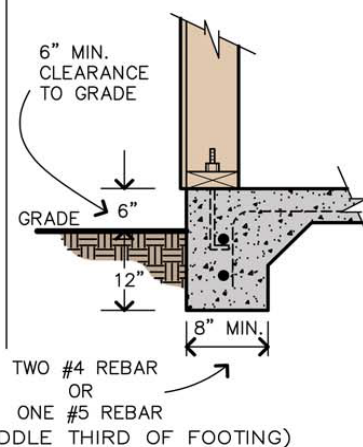
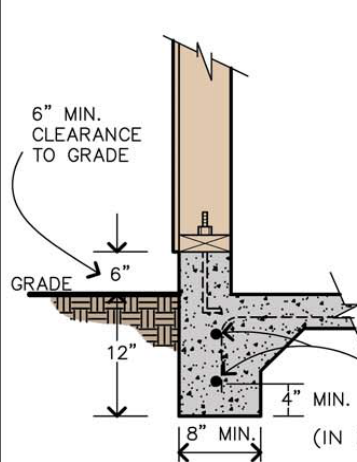
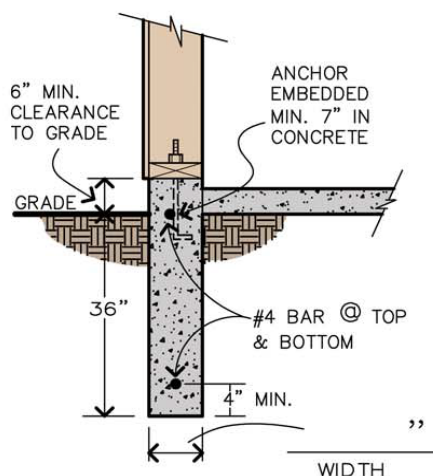


## FROST - FREE FOOTING •

\* FOR BUILDINGS OVER 400 SQ. FT.

## • MONOLITHIC SLAB • Grade must be relatively level

OPTIONAL FOR BUILDINGS LESS THAN 500 SQ. FT.





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