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

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
___Air To Air Exchanger
___Boiler
___Chimney Liner
___Duct Work
___Fireplace (Gas)
___Fireplace (Wood)
___Furnace
___Gas Dryer
___Gas Piping
___Gas Range/Oven
___New Gas Grill
___Gas Unit Heater
___Pool Heater
___Ventilator

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: Permit Fees $ _____
(if needed) Plan Review $50.00 _____
Fuel Gas Rough-In Plumbing $40.00 _____
Fuel Gas Final Plumbing $40.00 _____
Duct, Ventilation and Clearance Rough-In HVAC $40.00 _____
HVAC Final $40.00 _____
Total = $ _____
Receipt #_____

Contact John Morris at 402.560.6610 for Plumbing Inspections
Contact Mark Howard 402.304.9135 for HVAC Inspections