

GENERAL BUILDING PERMIT APPLICATION

400 East Military Ave Fremont NE 68025

402-727-2638 402-727-2659 Fax

www.fremontne.gov building@fremontne.gov

Date _____

Permit # _____

ADDRESS OF PROJECT: _____

PROPERTY OWNER Name & Address: _____

DESCRIPTION OF PROJECT:

ROOF: Roofing Material _____ Location (Residence, Shed, Garage) _____
Including: Soffit Fascia Gutters

WINDOWS: How Many? _____ Replacement New U-Value _____

DOORS: How Many? _____ Interior Exterior Type _____

SIDING: Type _____ Location (Residence, Shed, Garage) _____

OTHER: _____

FENCE: Type of Fence _____ 0-300 Lineal Feet 301+ Lineal Feet
(Plot plan must be included with permit showing fence location. Possible vision clearances will be verified before permit is issued.)

TOTAL VALUE OF PROPOSED WORK \$ _____ (includes all materials and labor for proposed project.)

PERMIT FEE \$ _____

CONTRACTOR _____

Phone Number _____ **Email** _____

ALL TRASH, DEBRIS, AND SOLID WASTE GENERATED IN THE CITY OF FREMONT MUST BE DELIVERED TO THE TRANSFER STATION SITED BY FREMONT.

I certify no work will be done except as described above or on accompanying plans. All work will be performed in compliance with all codes and ordinances of the City of Fremont, and inspections requested as outlined on the front side of the yellow permit card. I certify that the above application complies with the ordinances pertaining thereto in the City of Fremont and recommend that a permit be granted.

Applicant Name (print clearly) _____

Signature _____