



# PLUMBING AND MECHANICAL PERMIT APPLICATION

400 East Military Ave Fremont NE 68025

**402-727-2636 402-727-2659 Fax**

www.fremontne.gov

[building@fremontne.gov](mailto:building@fremontne.gov)

Date \_\_\_\_\_

Permit # \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

This application is for projects that require **STAND-ALONE** plumbing or mechanical work to be completed and any ancillary work directly related to the plumbing/mechanical activity.

Address of Project: \_\_\_\_\_ **Property in Floodplain/Floodway YES NO**

Property Owner Name: \_\_\_\_\_

**PLUMBING**     RESIDENTIAL     COMMERCIAL    TOTAL VALUE OF WORK: \_\_\_\_\_

- Water Heater
  - Water Conditioner/Water Protection
  - Gas Piping
  - Add, Remove, or Relocate Fixture(s)
  - Backflow Preventer/City Service Containment Device (RPZ)
  - Sprinkler System/Backflow Prevention
  - Medical Gas Piping (1-3 openings)
  - Medical Gas Piping (+3 openings)
- \$8 each (\$44.00 minimum) - List Fixture(s) \_\_\_\_\_
- Other \_\_\_\_\_

**MECHANICAL**     RESIDENTIAL     COMMERCIAL    TOTAL VALUE OF WORK: \_\_\_\_\_

- Heating Only Replacement **\$44.00**     Other \_\_\_\_\_
- Cooling Only Replacement **\$44.00**
- Heating and Cooling Replacement **\$66.00**
- Gas Piping

Plumbing/Mechanical Contractor \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Electrical Contractor (when required)** \_\_\_\_\_  
This contractor will perform any rewiring and registrations will be verified with the City of 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 issued permit.

Applicant Name (print clearly) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Fremont Department of Utilities

### Request for Natural Gas Service or Change of Service Load



Date: \_\_\_\_\_ Customer Name: \_\_\_\_\_ LID \_\_\_\_\_ (Internal)

Customer Address: \_\_\_\_\_ Unit Labeling: \_\_\_\_\_ (ex. Suite 2, Appt 2)

Existing Gas Service to this address: Yes No Name of person completing form: \_\_\_\_\_

Company Providing Data (if applicable): \_\_\_\_\_

Phone # of person completing form: \_\_\_\_\_ Email of person completing form: \_\_\_\_\_

Existing gas pressure to customer: \_\_\_\_\_ Natural Gas fired Generator: Yes No BTU Load: \_\_\_\_\_  
(if known)

<b>Existing Equipment: (furnaces, water heaters, boilers, stoves, fire pits, etc.)</b>			
Description	QTY	BTU (each)	Total BTU

<b>New Equipment: (furnaces, water heaters, boilers, stoves, fire pits, etc.)</b>			
Description	QTY	BTU (each)	Total BTU

<b>Future Equipment: (furnaces, water heaters, boilers, stoves, fire pits, etc.)</b>			
Description	QTY	BTU (each)	Total BTU

Please attach any other supporting documentation when submitting.

Additional comments or information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fremont Department of Utilities – Natural Gas Department  
 3000 East 1<sup>st</sup> Street, Fremont NE

Phone (402) 727-2613

Email: [naturalgas@fremontne.gov](mailto:naturalgas@fremontne.gov)