

**BUILDING PERMIT APPLICATION**  
**CITY OF NORTH PLATTE**

211 West 3<sup>rd</sup> St., North Platte, Nebraska 69101  
 Phone: 308-535-6724, Ext. 3241 Fax: 308-535-6720  
 E-Mail: development@ci.north-platte.ne.us

OFFICE USE ONLY	
Date Rec'd:	Permit #:
Issued by:	

**APPLICATION FOR ACCESSORY STRUCTURE**

**OWNER**

Name:		Mailing Address:	
City:		State:	ZIP:
Phone:	Fax:	E-Mail/Mobile:	

**CONTRACTOR**

Name:		Mailing Address:	
City:		State:	ZIP:
Phone:	Jobsite Phone:	Contact Name:	

**ARCHITECT (Required if over 10,000 sq. ft.)**

Name:		Mailing Address:	
City:		State:	ZIP:
Phone:	Fax:	Professional License No.:	

**JOB SITE INFORMATION**

Job Address:		Bldg/Unit No.:
Lot#:	Block:	Subdivision:
Zoning:	Flood Zone:	<b>DIGGERS HOTLINE 811 call BEFORE you dig</b>

Description & Location of work on premises/special conditions: \_\_\_\_\_  
 \_\_\_\_\_

**BUILDING INFORMATION**

Building Description	Building Details	OFFICE USE ONLY
<input type="checkbox"/> Shed <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Ag. Building <input type="checkbox"/> Temporary Building <input type="checkbox"/> Covered Porch/Deck <input type="checkbox"/> Other _____ <input type="checkbox"/> Lot Size _____	<b>Estimated Cost \$</b> _____ Shed _____ sq/ft Garage _____ sq/ft Carport _____ sq/ft Ag. Building _____ sq/ft Covered Porch _____ sq/ft Covered Deck _____ sq/ft Other _____ sq/ft	Fee Due \$ _____ Date Rec'd _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
	<p align="center"><b>NOTE:</b>                      Other permits may be required for the completion of this project</p>	

I hereby certify I have read and examined this application and corresponding documents. All provisions of laws and ordinances governing this work will be complied with, whether specified or not.

Owner's Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE: This permit expires within 180 days after issuance if no construction activity has taken place.**