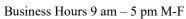
P.O. Box 682 Valley, NE 68064

Phone: 402-359-2251 Ext. 306

Fax-402-359-2610 www.valleyne.org





Official Use Only					
Permit Nu	mber				
□ Check	□ Cash	□ Credit Card			
Check #_	· · · · · · · · · · · · · · · · · · ·				

CHANGE OF OCCUPANCY PERMIT APPLICATION Provide accurate information per 2006 IBC							
Address							
Previous Use:			Fire sprinkler provided:	□ Yes □No			
Previous Occupancy	Group:						
Legal Description: _	(Lot)	(Cubdivision)					
Owner of Property	(Name)	(Subdivision)					
Corporate			(City, State, Zip)	(Phone)			
Business Name:	(Name)	(Address)	(City, State, Zip)	(Phone)			
New Use:			Fire sprinkler provided:	□ Yes □No			
Description:							
Tune of Construction		Occupancy Crount	Total Avenu	 			
Type of Construction: Occupancy Group: _		Occupancy Group:	Total Area:				
Number of Parking s	talls provided:	New Occupancy Load:	Number of Exits:				
Separate permits are required for Construction, Mechanical, Electrical, Plumbing and Signage							
I hereby state that that the information submitted on this application is accurate and correct. I recognize that the issuance of this building permit shall not grant approval to violate any of the provisions of the building codes or zoning ordinances enforced by this jurisdiction, state or federal law; and that this permit shall not prevent the building official from requiring construction to be in compliance with all applicable code provisions during field inspections. This building shall comply with latest building code requirements for structural, electrical, plumbing and mechanical provisions currently latest adopted codes at the time a permit is issued. A separate building permit application is required prior to any construction.							
Applicant Name (Print cl	early):	Signature:	Date:				
Contact Name (Print clearly):Phone:Fax:							
Contact Email Address	(optional)						
OFFICIAL USE ONLY □ Building / Inspection	- -	Application fee: \$					
Reviewed by:	Building Departme	nt: Planning Depar	tment: Public Works	S:			
Approving Official:			Date:				
Notes:							