**P.O. Box 682** Valley, NE 68064 Phone: 402-359-2251 Ext. 306 Fax-402-359-2610 www.valleyne.org



Official Use Only

Permit Number \_\_\_\_\_

 $\Box$  Check  $\Box$  Cash  $\Box$  Credit Card

Check # \_\_\_\_\_

Business Hours 9 am-5 pm M-F

	PI	UMBI	NG PERM	IT APPLICATION				
□ One o	□ One or Two Family Dwelling			ulti-family Building Commercial / Business				
Describe work being done:								
Address of project								
egal Description:								
(Lo Dwner of Property	t)		(Subdivisior	)				
(Name) Plumbing Contractor	(Address)			(City, State, Zip)		(Phone)		
(Name)	(Address) es in dwelling where work is being done is p			(City, State, Zip) ermitted to act as contractor. All other pro	(Phone) e Licensed Plumber.			
Description	Fee \$	QTY	\$ Total	Description	Fee \$	QTY	\$ Tota	
Toilet/Urinal/Bidets	10.55		-	Building Sewer	20.00			
Tub and / or Shower	10.55			Lawn Sprinkler System	20.00			
Sink or Lavatory	10.55			Residential Back Flow Device	12.50			
Kitchen sink with disposal	10.55			Commercial Back Flow Device	25.00			
Clothes Washer	10.55			Install or Replace Water Heater	20.00			
<b>Drinking</b> Fountain	10.55			Private Swimming Pool	60.00			
Floor and / or Trench Drain	7.80			Private Spa	25.00			
Roof Drain	7.80			Gas piping up to 5 outlets	6.25			
Hose Bibs	2.75			Additional gas lines over 5 outlets	1.50			
Water piping alter / repair	2.75			Re-inspection / After Hours	49.50			
Miscellaneous Plumbing Fixtures	10.55			Plumbing Issuance Fee	15.00		15.00	
				Total Plumbing Permit Fee				
e provisions of the building codes or zoning onstruction to be in compliance with all appli ays from date of issuance or if work has con nown on the approved plans. Any changes t	ordinances er cable code pro nmenced then o the construc	forced by this visions during stopped for m tion plans tha	s jurisdiction, state or g field inspections. Th nore than 180 days. T t effect area or scope	recognize that the issuance of this building per federal law, and that this permit shall not pre his permit shall become null and void if no con This building permit is issued for the ex press p e of work shall be approved by the building off not commenced and more than 180 days has	vent the buildin nstruction work purpose of wor icial's prior to c	ng official from re chas commence k stated on this a construction and	equiring ed within 180 application and	
pplicant Name (Print clearly):	Print clearly):			Signature:		Date:		
ntact Name (Print clearly):			Phone:		Fax:			
erson to answer questions regarding constru	uction drawing	s and other c	ode compliance issue	 PS.				
Contact Email Address (optional)								

OFFICIAL USE ONLY
Approving Official: \_\_\_\_\_ Date: \_\_\_\_\_
Notes: