

**P.O. Box 682**  
**Valley, NE 68064**  
 Phone: 402-359-2251 Ext. 306  
 Fax-402-359-2610  
[www.valleyne.org](http://www.valleyne.org)



<b>Official Use Only</b>		
Permit Number _____		
<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
Check # _____		

Business Hours 9 am – 5 pm M-F

<b>ELECTRICAL PERMIT APPLICATION</b>			
<input type="checkbox"/> One or Two Family Dwelling <input type="checkbox"/> Multi-family Building <input type="checkbox"/> Commercial / Business			
Describe work being done: _____			
Address of project _____			
Legal Description: _____			
(Lot)		(Subdivision)	
Owner of Property _____			
(Name)	(Address)	(City, State, Zip)	(Phone)
*Electrical Contractor _____			
(Name)	(Address)	(City, State, Zip)	(Phone)
Electrical License Number: _____ Expiration Date: _____ Issuing Authority: _____			
* Only a homeowner that resides in dwelling where work is being done is permitted to act as contractor. All other projects require Licensed Electrician.			

Commercial / Multi-Family	Fee \$	QTY	\$ Total	Residential / Remodeling	Fee \$	QTY	\$ Total
Number of Branch Circuits	2.75			Residential Square Footage	.05		
1 – 100 Amp	13.00			Garage Square Footage	.02		
101 – 200 Amp	18.00			Switches, Outlets and Fixtures	.75		
201 – 300 Amp	30.00			Upgrade Residential Service	30.00		
301 – 400 Amp	42.00			240 Volt Apparatus	3.00		
401 – 500 Amp	55.00			Residential Swimming Pool	60.00		
501 – 600 Amp	67.00						
601 – 700 Amp	80.00			Temporary Service	15.00		
701 – 800 Amp	92.00			Miscellaneous	10.00		
801 – 900 Amp	105.00			Signs	15.00		
901 – 1000 Amp	117.00			Re-inspection / After Hours	49.50		
Over 1000 each additional 100 Amp	13.00			<b>Electrical Issuance Fee</b>	<b>15.00</b>		<b>15.00</b>
Fire Alarm System	15.00			<b>Total Electrical Permit Fee</b>			

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 permit shall become null and void if no construction work has commenced within 180 days from date of issuance or if work has commenced then stopped for more than 180 days. This building permit is issued for the express purpose of work stated on this application and shown on the approved plans. Any changes to the construction plans that effect area or scope of work shall be approved by the building official's prior to construction and may require another permit application. No permit is refundable if work has commenced or if work has not commenced and more than 180 days has elapsed after issuance date.

**Applicant Name (Print clearly):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name (Print clearly):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Person to answer questions regarding construction drawings and other code compliance issues.

**Contact Email Address (optional)** \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>	
Approving Official: _____	Date: _____