



**Papillion Building Department**  
**122 East Third Street**  
**Papillion NE 68046**  
 Phone: 402-597-2072  
 Fax: 402-597-2074  
 www.papillion.org

Business Hours 8 am – 5 pm M-F

**OFFICIAL USE ONLY**

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

Inside City limits     ETJ

Zoning District \_\_\_\_\_ FP \_\_\_\_\_

**RESIDENTIAL REMODEL- ADDITION PERMIT APPLICATION**

Please check box for applicable project for this permit and indicate total area in square footage

Basement Finish (SF) \_\_\_\_\_  Room Addition (SF) \_\_\_\_\_  Remodel (SF) \_\_\_\_\_ Other (SF): (describe) \_\_\_\_\_

**Project Address:** \_\_\_\_\_  
 (Address) (City, State, Zip)

**Legal Description:** \_\_\_\_\_  
 (Lot) (Subdivision) (Parcel ID #)

**Property Owner:** \_\_\_\_\_  
 (Name) (Address) (City, State, Zip) (Phone)

\* **Owner of home is acting as contractor for:**     Building     Plumbing     Mechanical work

\*Only owners that reside in the project address (single family home) are permitted to act as contractors.    Provide information on all contractors working on this project below:

**\*\*\* Separate Electrical Permit required \*\*\***

**Building Contractor:** \_\_\_\_\_  
 (Name) (Address) (City, State, Zip) (Phone)

**Plumbing Contractor:** \_\_\_\_\_  
 (Name) (Address) (City, State, Zip) (Phone)

**HVAC Contractor:** \_\_\_\_\_  
 (Name) (Address) (City, State, Zip) (Phone)

\***Total Value of proposed work \$** \_\_\_\_\_ (Includes all trades, materials, labor)

Please check box for applicable work to be done and number of installations included with this permit below:

**FRAMING/STRUCTURAL** (Please describe work) \_\_\_\_\_

**PLUMBING** Plbg fixture \_\_\_\_\_ Water Heater \_\_\_\_\_ Water treatment \_\_\_\_\_ Gas Appliance \_\_\_\_\_ Other (describe) \_\_\_\_\_

**MECHANICAL/HVAC** Furnace (Btu) \_\_\_\_\_ A/C or Heat pump \_\_\_\_\_ Exhaust Fan \_\_\_\_\_ Alter ductwork \_\_\_\_\_ Heating appliance \_\_\_\_\_  
 Other Mechanical Work (describe) \_\_\_\_\_

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 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 fee refunds are allowed 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 in charge of project who can answer questions regarding construction details and other code compliance issues.)

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**Approving Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**