



## P.O. Box 682

Valley, NE 68064
Phone: 402-359-2251 Ext. 306
Fax-402-359-2610 www.valleyne.org

Business Hours 9 am - 5 pm M-F

Official U	se Only	
Permit Nu	mber	
□ Check	□ Cash	□ Credit Card
Check#_		

NEW ONE & TWO FAMILY DWELLING BUILDING PERMIT APPLICATION						
□ New Home	☐ Pre-Manufactured Home	☐ Existing Home-moved o	nto site			
2009 Rescheck calculation worksheet attached   Yes (attach to construction Drawings)   No (2006 IECC certification required)						
Address of project		*				
Legal Description:(Lot)	(0.1.811.)					
Owner of Property	(Subdivision)	(0), 0, 1, 7, 1	-			
(Name) General Contractor	(Address)	(City, State, Zip)	(Phone)			
Contractor(Name)	(Address)	(City, State, Zip)	(Phone)			
Please provide any of the applicable areas for this permit below:  All areas measured in gross square footage (SF). Include cantilevered foundation wall projections in calculation only if they add finished floor space. Do not include areas open to floor below, fireplace projections, or other similar areas.						
inished Basement	Unfinished Basement		_ Exterior Deck			
Finished Main Level	Unfinished Bonus	Rm	Garage			
Finished 2 <sup>nd</sup> and 3 <sup>rd</sup> Level	Total	Area				
Total Value of proposed work \$						
Applicant Name (Print clearly):	Signa	ture:	Date:			
Contact Name (Print clearly): Person to answer questions regarding construction drawing	Phone gs and other code compliance issues.	):	Fax:			
Contact Email Address (optional)						
The property shall comply with all applicable City of Valley OFFICIAL USE ONLY	Zoning Ordinances. All neighborhood cove	enants and easements are the respons	sibility of the builder or homeowner			
The state of the s	ial:	Date:	I			