CITY OF VALLEY

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

Business Hours 9 am – 5 pm M-F

Official Use Only
Permit Number _____
☐ 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) (Subdivision)

Owner of Property _____
(Name) (Address) (City, State, Zip) (Phone)

Corporate Business Name: _____
(Name) (Address) (City, State, Zip) (Phone)

New Use: _____ **Fire sprinkler provided:** ☐ **Yes** ☐**No**

Description: _____

_____

Type of Construction: _____ **Occupancy Group:** _____ **Total Area:** _____

Number of Parking stalls 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 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) _____

OFFICIAL USE ONLY

☐ Building / Inspection report attached Application fee: $ _____

Reviewed by: Building Department: _____ Planning Department: _____ Public Works: _____

Approving Official: _____ Date: _____

Notes: _____