APPLICATION FOR BUILDING PERMIT

City of Grand Island

100 E 1st St, PO Box 1968
Grand Island NE 68801
(308) 385-5325 or Fax (308) 385-5423

DATE:

Job Address:		
Legal Description:		
Owner:	Address:	Phone #:
Email:		
Contractor:	Address:	Phone #:
Email:		
Use of Building:		
Describe Work:		
Residential Basement ☐ Finished ☐ Unfinished		
Estimated Cost:		

Electrician:	Est. Cost:
Plumber:	Est. Cost:
Mechanical:	Est. Cost:
Other:	Est. Cost:
Sub-Contractors Estimated Cost:	

Special Conditions:

Total Estimated Cost:	Building Permit Fee:
Plan Review Fee:	Total Fee:

Building Reviewed by:	Date:
Electrical Reviewed by:	Date:
Plumbing Reviewed by:	Date:
Mechanical Reviewed by:	Date:

PLAN REVIEW CHECKLIST

Occ:_____ Date:_____

Type:_____

Zone:_____

IFP:_____

Setbacks:
Front:_____
Rear:_____
Side:_____
Street Side Yard:_____

Area

Lot Area:_____
Building Area:_____
_____
_____

Allowable Building Area

Per IBC Table 503:_____
_____
_____
Max Ground Coverage per Zoning:_____

Additions

Existing Building Area:_____ New Addition Area:_____
Existing Building Type:_____ Total Building Area:_____

Occupant Load:_____

Exits:_____

Parking:_____
_____

Sprinkler System:_____ Alarm System:_____

Accessibility Guidelines:_____
_____

Landscape Provisions:_____
_____

Subdivision Agreements:_____
_____

Utility Services:_____

Special Conditions: _____
_____
_____

Private Sewage Disposal Systems:_____

Reviewed by: _____