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City of Scottsbluff, Nebraska Building Permit Application Checklist

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|---|---------|--|------------|---|--------------------------------------|------------------|----------------------------|-----------|----------------------|--|
| Date: | | | | | | | DO NOT WRITE IN THIS BLOCK | | | |
| Address (Location of proposed structure): | | | | | | Permit Number: | | | | |
| Applicant's Name | | | | | | | Permit: Approved Denied | | | |
| Applicant's Address: | | | | | | Date Issued: | | | | |
| City: | Sta | ate: | Zip: | | Comp. Plan Land Use: | | | Zone: | | |
| Telephone: | Мо | bile: | E | Email: | | | Notes: | | | |
| Contractor: | I | | | | | | | | | |
| Contractor's Address: | | | | | Lot # | | | | | |
| City: | Sta | ate: | Z | Zip: | | | Block # | | | |
| Telephone: | Mobile: | | | Email: | il: Additi | | | tion: | | |
| Type of Proposed Use: Residential Commercial Other | | | I | Intended Use of Structures: | | | | | | |
| Site Plan (required for all permit applications): | | | F | Floor Plan (must be drawn to scale, preferably ¼-inch) | | | | | | |
| Proposed new structure | | | | ☐ All floors, including basements | | | | | | |
| ☐ Existing building and other structures | | | | ☐ All rooms, current/proposed use of each room & dimensions | | | | | | |
| Property lines with distances | | | | ☐ Location of structural elements and openings | | | | | | |
| _ ' ' | | | | Doors & windows (locations, size, swing and hardware) | | | | | | |
| Street, easements and setbacks | | | | | | | | | | |
| ☐ Water, sewer, electrical, and gas | | | | | Fire assemblies and separations | | | | | |
| ☐ Identify new/existing parking (paved/non-paved) | | | | ☐ Identify new/existing walls, call out construction of walls | | | | | | |
| North arrow | | | | _ Interio | or finish | | | | | |
| ☐ Identify new/existing cu | ırb cu | | | | | | | | | |
| Foundation Plan: | | Framing & roof framing plans: | | | Exterior Elevations: | | _ | _ | and Wall Sections: | |
| ☐ Foundations/footings | | ☐ All floor, roof & ceiling | | | | all views (above | e, front, | ☐ Show | w materials of | |
| ☐ Size, location, thickness, materials, strengths and | | structural members Truss schedule (if | | | back, and sides Vertical dimensions | | | | | |
| reinforcements | iu | applicable) | (II | | | | | | rate assemblies | |
| ☐ Imbedded anchoring | | * * | enacina | | ्रावentii materials | fy all opening a | na | □ Dim | ensions | |
| ☐ Imbedded anchoring ☐ Materials size, spacing, grade and species (if applicab | | | | | lateral bracing | | | | | |
| | | ☐ Method of attack | ` | , | | finished grade, | finish floor | | | |
| | | | | la | | elevations | IIIISII IIOOI | | | |
| Complete Mechanical (| Compl | ete Plumbing | Complete E | | | Complete Stru | ıctural | Complet | ted Fire Suppression | |
| | Systen | | System: | | | Calculations: | | and/or / | Alarm System: | |
| | | | | | | | | | | |
| Is the Proposed Construction | | • | ☐ Yes ☐ | No | | Has Construct | - | er been A | pplied for: | |
| If yes, Elevation Certificate must be attached: | | | | | ☐ Yes ☐ No | | | | | |
| ☐ Two (2) sets of plans are required for review – commercial plans may require an architect or engineer stamp of approval | | | | | | | | | | |

| | | FIRE LIFE | SAFETY | | | | | | |
|---|-------------------------------------|---|--------------------|---|--|--|--|--|--|
| | | INFO |) | | | | | | |
| OCCUPANCY TYPE | *STATE-OWNED | YES | NO | *PLANS SUBMITTED TO LOCAL AUTHORITY FOR REVIEW? | | | | | |
| | *ESTIMATED START [| DATE: | | YES NO | | | | | |
| | *ESTIMATED COMPLE | ETION DATE: | | (Specify City or County) | | | | | |
| *TYPE OF PLAN | I | | | | | | | | |
| Final Prelimi | nary Fire Alarm | Sprinkler | Accessibilit | ity Guidelines Other | | | | | |
| NOTE: Fire Alarm and Sprinkler sh | op drawings are to be submitted | as a separate review by sub | ocontractor. | | | | | | |
| *PROJECT DESCRIPTION | | | | | | | | | |
| New Building Ad | ddition Remodel | Interior Finish | Alteration | Other | | | | | |
| NUMBER OF LEVELS (Including S | Sub Levels): | els): CONSTRUCTION TYPE: (New) (Existing) | | | | | | | |
| FIRE PROTECTION FEATURES (| if provided) | | | | | | | | |
| Total Sprinkler Partia | l Sprinkler Range Ho | od System Fire A | larm System | Fire Extinguishers Other | | | | | |
| | | REVIEW | FEE | | | | | | |
| *ESTIMATED PROJECT COST | * | | | | | | | | |
| Estimate must be included for plans | s to be reviewed. Estimate includes | total value of all construction v | vork as well as al | all finish work, painting, roofing, electrical, plumbing, HVAC, elevators, fire | | | | | |
| extinguishing systems and any other p | | | | | | | | | |
| | T T | , | gulations adopte | ed pursuant to section 81-502 shall be assessed to the following schedule: | | | | | |
| ESTIMATED PROJECT COST | FIRE CODE REVIEW F | EE SCHEDULE | | | | | | | |
| \$ 1.00 - \$ 5,000.00 \$ 5,001.00 - \$ 25,000.00 | * **** | \$ 5.00 minimum \$ 5.00 for the first \$5,000.00 plus 2.00 for each additional \$5,000.00 or fraction there of. | | | | | | | |
| \$ 25,001.00 - \$ 50,000.00 | | \$ 3.00 for the first \$25,000.00 plus \$2.00 for each additional \$5,000.00 or fraction there of. A Fee C | | | | | | | |
| \$ 50,001.00 - \$ 100,000.00 | | \$ 25.00 for the first \$50,000.00 plus \$1.00 for each additional \$5,000.00 or fraction there of | | | | | | | |
| \$ 100,001.00 - \$ 200,000.00 | | \$ 35.00 for the first \$100,000.00 plus \$1.00 for each additional \$10,000.00 or fraction there of . | | | | | | | |
| \$ 200,001.00 OR MORE | | \$ 50.00 for the first \$200,000.00 plus \$1.00 for each additional \$10,000.00 or fraction there ofThe total review fee shall not exceed \$500.00. | | | | | | | |
| IF CONSTRUCTION COMMENCE | • | · · | F \$50.00 SHAL | LL BE ADDED. | | | | | |
| All checks are to be made out to | the "City of Scottsbluff Fire De | epartment" | | | | | | | |
| *FIRE CODE REVIEW FEE | | | *LATE FEE | (If applicable) *TOTAL FEE | | | | | |
| | | | | | | | | | |
| | | OFFICE US | SE ONLY | | | | | | |
| DI AN NUMBER | DATEIN | OI FICE UC | | DECEIDT NUMBER | | | | | |
| PLAN NUMBER | DATE IN | | CHECK | RECEIPT NUMBER | | | | | |
| | | | MONEYODD | 1/29/1 | | | | | |

The above information must be submitted with your plans. Failure to do so will result in disapproval and the return of your plans.