Village of Clearwater 626 Main St., PO Box 116 Clearwater, NE 68726 www.clearwaterne.com





APPLICATION FOR BUILDING PERMIT

VILLAGE OF CLEARWATER MUNICIPAL CODE Chapter 9: Article 1 Section 9-101
Name(s) of property owner(s):
Physical address of property:
Planned use of building:
Estimated cost of construction:
Principal dimensions:
Name of contractor (if any):
Signature of applicant:
Phone number of applicant:
 A fee of \$10.00 must accompany each building permit application. Please make check payable to the Village of Clearwater.
 A fine of \$100.00 will be assessed if building begins before permit is approved.
 Once approved by the Village Board of Trustees at a regular board meeting, construction must begin within six months. If delayed or halted for six months or more, a new permit must be obtained and approved by the board before continuing.
DATE APPROVED:
APPROVED BY:
Chairperson
ATTEST:

Village Clerk/Treasurer

ANTELOPE COUNTY ASSESSOR'S BUILDING PERMIT

This statement is required, pursuant to State Statute 77-1318.01, for improvements and alterations to improvements to real estate.

Date										
Owner of Property										
Person Requesting			Telephone Num	ber						
rcel # Legal Descript. Of Property										
Physical Address of Property										
Start Date	「	Expected Comp	letion Date							
Structures removed for const	ruction (before/a	after)								
	RESID	ENTIAL IMPRO	VEMENTS							
HOUSES										
Conventional Modu	ar Mobi	ile Home	Home Addition	n Remod	leling					
Additions & Remodeling (type										
# of bathrooms	# of fire	eplaces	# (of stories						
House Dimensions: W		Siding t	vne							
Roofing I										
Basement Area Finished		Basement Are	ea Unfinished	3. ** L	··					
		_ basement / ((_					
GARAGES										
Type: Attached De	tached	Carport	Size: W	L	Н					
Interior Finish										
			,. <u></u>							
MISCELLANEOUS										
Improvement type/description	on									
Dimensions: WL										
Exterior Cover		Electrici	ty/Plumbing? Yes	No_						
Heating/Cooling		Will it have	e a living area? Yes	s No _						
			_							
	RURAL/CO	MMERCIAL IM	IPROVEMENTS							
GRAIN BINS										
Brand Name:										
Type: Storage	Aeration	Dry	 ving	Hi-Moisture						
Diameter Heig										
Bushels										
	0090.6.110									
ELEVATOR LEG										
Bushels/Hour		He	eight							
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CONFINEMENTS							
Type: (Turkey, Pigs, Et	n existing b	uilding? Yes	No				
Brand Name:							
Type: Gestation							
Dimensions: W							
Wall Type: Wood							
Floor Type: Concrete							
HVAC Type: Elect. Rac							
Heaters Pac							_
# of Hopper Bins:							
New lagoon to be con							
If yes: Length							iner
, <u> </u>		·		,			
IMPLEMENT BUILDIN	GS/CLOSED SHE	DS					
Brand Name:							
Type: STR Wall		Quonset		Dimension	s: W	L	 Н
Frame: Wood							
Floor: Concrete							Concrete
Plumbing Fixtures							
Living Quarters/Office	e/Etc : Yes	No	Dimei	nsions: W	L		Н
Primary Use Floor Type		HVAC		#	of Bathroon	 ns	
Additional Plumbing (kitchen. laundry	. etc.)					
Wall Cover:							
SKETCH AREA							
Please provide a deta	iled drawing incl	uding location	of improv	ement on p	roperty and	l surrou	inding roads.
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I hereby certify that t				t to tne bes	τ oτ my kno	wiedge	e. By signing this,
give permission to An	. talama ^at. '	\					ana and
	ntelope County A	Assessor and/	or staff to	inspect this	property fo	or asses	sment purposes.

****** Failure to sign this form voids this permit