**ROOFING/SIDING & GUTTER PERMIT APPLICATION**

Jurisdiction of Washington County, Nebraska

Washington County Planning Department

1555 Colfax Street, Blair, NE 68008

Ph: (402) 426-6872 Fax: (402) 426-6843

planning@washingtoncountyne.gov

*You may print the permit application and copy as needed for use with Washington County Planning Department only (Note: the City of Blair, Fort Calhoun, Kennard and Herman have their own offices and policies)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JOB ADDRESS | | | | |
| TAX LOT | LOT-BLOCK-SUBDIVISION | | SECTION-TOWNSHIP-RANGE | |
| OWNER ADDRESS PHONE | | | | |
| CONTRACTOR/COMPANY NAME ADDRESS PHONE | | | | |
| DESCRIBE WORK: | | | | |
| INDUSTRY VALUE: | | ROOFING/SIDING/GUTTERS | | |
| **Fee Look Up Type: Project Cost** | | |
| COMMENTS: | | **Value At Least** | **But Not More Than** | **Fee Amount** |
| 0.000000 | 5000.000000 | 15.000000 |
| 5,001.000000 | 10,000.000000 | 25.000000 |
| 10,001.000000 | 9,999,999,999.000000 | 45.000000 |
| INSPECTIONS REQUIRE MINIMUM 24-HOUR NOTICE  Confirmation of completion of the work is required to be given to the Planning office.  Final Inspections on Roofing/Siding/Gutters are not required.  The Contractor, Homeowner, or Insurance Company may request inspections at any time. | | | | |
| APPLICATION ACCEPTED BY | | APPROVED FOR ISSUANCE BY | | |
| **NOTICE**  I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, RESOLUTIONS, REGULATIONS AND CODES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OF CONTRACTOR, AUTHORIZED AGENT OR OWNER  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE | | | | |

09/2019