



C-2 Zoning District Accessory Bldg.

Permit # _____

Detached Accessory Building Larger than 120 ft²

(if 120 ft² or smaller use a Shed Permit)

115 Locust Street
 P.O. Box 127
 Hickman, NE 68372-0127
 Phone 402.792.2212
 www.hickman.ne.gov

Application is *not* approved until permit number is issued and paid for. Do *not* begin construction until then.

Property Owner(s) _____ Phone # (____) _____

Street Address: _____

Legal: Block _____ Lot _____ Addition _____ City, State _____

Contractor: _____ Phone # (____) _____

Contractor Address: _____ Total Square Footage: _____

APPLICATION REQUIREMENT ITEMS

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Completed Application Form | <input type="checkbox"/> Site Plan (2 copies) | <input type="checkbox"/> Permit Fee Payment | <input type="checkbox"/> Curb Cut Permit (if needed) |
| <input type="checkbox"/> Construction Design (2 copies) | <input type="checkbox"/> Electrical Permit | <input type="checkbox"/> Plumbing and/or Mechanical Permit (if needed) | |

Site Plan should include:

- North arrow
- Address
- Property lines and easements
- Location of proposed structure with written distances from the building to the rear property line, side property line, the house, and any other structures in the back yard.
- Location of any existing or proposed changes in grade to level a sloping yard for structure placement.

Design:

- Height of acc. building in the C-2 District not more than 45 feet.
- Description of windows, doors, and exits.
- Description of framing, trusses, bolts and ventilation.
- Description of foundation and footings.
- If greater than 400 sq. ft. wind and snow load requirements must be met with a stamped engineered plan.

Zoning Regulations (for C-2 Zoning District):

- 6 feet apart from any other accessory structure & principal structure
- Front Yard setback 35 ft
- Street side yard setback 15 feet
- 10 feet from rear property line (unless there is an easement)
- 10 feet from side property line (unless there is an easement)
- CITY Calculated Construction Cost \$ _____

OFFICE USE ONLY

Permit Fee	\$ _____
Plan Review	\$50.00 _____
Foundation	\$50.00 _____
Framing Rough-In	\$50.00 _____
Final Building	\$50.00 _____
Electrical Panel	\$50.00 _____
Electrical Rough-In	\$50.00 _____
Electrical Final	\$50.00 _____
Fuel Gas Rough-In	\$50.00 _____
HVAC Rough-In	\$50.00 _____
HVAC Final	\$50.00 _____
Plumbing Groundwork	\$50.00 _____
Plumbing Rough-In	\$50.00 _____
Plumbing Final	\$50.00 _____
Curb Cut	\$35.00 _____
Fee & Inspection Total	\$ _____
Check #	_____

THE UNDERSIGNED HERBY CERTIFIES that they have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provision of any other state or local law regulating construction or the performance of construction.

Applicant Signature _____ Date _____

Plan Approved by _____ Date _____ Permit Approved by _____ Date _____



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PLUMBING PERMIT # _____

Date of Permit Application: _____

Job Address: _____

Description of work to be done: _____

Cost Valuation of Job: \$ _____ (only if separate from a new building permit)

Property Owner's Name: _____

Plumbing Company Name: _____

Plumbing Company Address: _____

Contact Person: _____

Phone #: (_____) _____ E-mail: _____

Applicant (Printed Name) Signature Date

City Official (Printed Name) Signature Date

Office Use Only

If separate from Building Permit Application than:

Inspection Fee(s) # _____ x \$50 = \$ _____

Permit Fee \$65 if valuation < \$9,000 = \$ _____

OR If valuation > \$9,000 the Permit Fee \$65 + \$1.35 per \$1,000 valuation = \$ _____

Total = \$ _____

Receipt # _____



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FUEL GAS INSTALLATION PERMIT # _____

Date of Permit Application: _____ Cost Valuation of Job: \$ _____

Property Owner's Name: _____ Job Address: _____

Contractor Company Name: _____

Address: _____ City _____ State _____

Contact Person: _____ Phone #: (____) _____

Permit Type Single Family Multi-Family Commercial
 Type of Work: New Replacement Alteration/Remodel

Detailed Description of Work _____

- | | | |
|---|---|---|
| <input type="checkbox"/> A/C | <input type="checkbox"/> Fireplace (Gas) | <input type="checkbox"/> Gas Range/Oven |
| <input type="checkbox"/> Air To Air Exchanger | <input type="checkbox"/> Fireplace (Wood) | <input type="checkbox"/> New Gas Grill |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Furnace | <input type="checkbox"/> Gas Water Heater |
| <input type="checkbox"/> Chimney Liner | <input type="checkbox"/> Gas Dryer | <input type="checkbox"/> Pool Heater |
| <input type="checkbox"/> Duct Work | <input type="checkbox"/> Gas Piping | <input type="checkbox"/> Outdoor Fire Pit |
| <input type="checkbox"/> Other: _____ | | |

THIS IS AN APPLICATION FOR A PERMIT-NOT VALID UNTIL PROCESSED I hereby apply for a building permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Hickman and with the Nebraska Construction Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant (Printed Name) Applicant Signature Date

City Official (Printed Name) Signature Date

Office Use Only (as needed)	
Fuel Gas Permit Application	\$65 _____
Plan Review	\$50 _____
Fuel Gas Piping Rough-In Plumbing Inspection	\$50 _____
Fuel Gas Piping Final Plumbing Inspection	\$50 _____
Outdoor Fire Pit Gas Piping Plumbing Inspection	\$50 _____
Duct, Ventilation and Clearance Fireplace HVAC Inspection	\$50 _____
Total =	\$ _____
Receipt #	_____



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MECHANICAL (HVAC) PERMIT # _____

Date of Permit Application: _____

Job Address: _____

Description of work to be done: _____

Cost Valuation of Job: \$ _____ (only if separate from a new building permit)

Property Owner's Name: _____

HVAC Company Name: _____

HVAC Company Address: _____

Contact Person: _____

Phone #: (____) _____ E-mail: _____

Applicant (Printed Name) Signature Date

City Official (Printed Name) Signature Date

Office Use Only

If separate from Building Permit Application than:

Inspection Fee(s) # _____ x \$50 = \$ _____

Permit Fee \$65 if valuation < \$9,000 = \$ _____

OR If valuation > \$9,000 the Permit Fee \$65 + \$1.35 per \$1,000.00 valuation = \$ _____

Total = \$ _____

Receipt # _____



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ELECTRICAL PERMIT # _____

Date of Permit Application: _____

Job Address: _____

Description of work to be done: _____

Cost Valuation of Job: \$ _____ (only if separate from a new building permit)

Property Owner's Name: _____

Electrical Company Name: _____

Electrical Company Address: _____

Contact Person: _____ Phone: _____

Electrician's Name: _____ (if different from Contact Person)

State Law requires all Electrical Installation shall meet or exceed the 2023 National Electrical Code and local amendments (see Ordinance 2024-13).

The Electrician making the installation must have a signed **Electrical Acknowledgement Form, Master Electrical License** and **Proof of Insurance** on file with the City of Hickman.

Applicant (Printed Name) Signature Date

City Official (Printed Name) Signature Date

Office Use Only

If separate from Building Permit Application, then:

Inspection Fee(s) # _____ x \$50.00 = \$ _____

Permit Fee \$65.00 if valuation < \$9,000.00 = \$ _____

OR If valuation > \$9,000.00 the Permit Fee \$50.00 + \$1.35 per \$1,000.00 valuation = \$ _____

Total = \$ _____

Receipt # _____

