



RE Zoning District

Detached Accessory Building

PERMIT # \_\_\_\_\_

115 Locust Street  
 P.O. Box 127  
 Hickman, NE 68372-0127  
 Phone 402.792.2212  
 Fax 402.792.2210  
 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**

- Completed Application Form    
  Construction Design (2 copies)    
  Site Plan (2 copies)    
  Permit Fee Payment  
 Electrical Permit (if needed)    
  Plumbing Permit (if needed)    
  Mechanical Permit (if needed)

**Site Plan should include:**

- North arrow
- Address
- Property lines and easements
- Measured distances of proposed 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 building placement.

**Design:**

- Total square footage of building
- Description of windows, doors, and exits
- Description of framing, trusses, bolts and ventilation
- Description of foundation and footings

**Zoning Regulations (for RE Zoning District):** check with the City Office is you are unsure of your zone.

- Height of accessory building not more than 35 feet
- 6 feet apart from any other accessory structure and principal structure
- 60 feet front yard setback
- 10 feet from rear property line
- 25 feet from side property line
- 50 feet from street side yard line

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 Temporary	\$50.00 _____
Electrical Rough-In	\$50.00 _____
Electrical Final	\$50.00 _____
HVAC Groundwork	\$50.00 _____
HVAC Rough-In	\$50.00 _____
HVAC Final	\$50.00 _____
Plumbing Groundwork	\$50.00 _____
Plumbing Rough-In	\$50.00 _____
Plumbing Final	\$50.00 _____
<b>Fee &amp; Inspection Total</b>	<b>\$ _____</b>
<b>Check #</b>	_____

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 regulatinq construction or the performance of construction.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Plan Approved by \_\_\_\_\_ Date \_\_\_\_\_ Permit Approved by \_\_\_\_\_ Date \_\_\_\_\_



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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 # \_\_\_\_\_



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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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## 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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## 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

<b>Office Use Only</b> (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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## CURB CUT PERMIT # \_\_\_\_\_

Application is *not* approved until curb cut permit is issued and paid for.  
Do *not* begin construction until curb cut permit is issued.

Property Owner(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Job Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Residential**                      One - Two Stalls                      Max Total CURB CUT 26 FEET  
   Three or More Stalls                      Max Total CURB CUT 30 FEET

Existing Cut \_\_\_\_\_ New Cut \_\_\_\_\_ Total \_\_\_\_\_

### Commercial

Existing Cut \_\_\_\_\_ New Cut \_\_\_\_\_ Total \_\_\_\_\_

Existing Cut \_\_\_\_\_ New Cut \_\_\_\_\_ Total \_\_\_\_\_

**ALL CURB PRECUT MARKINGS MUST BE INSPECTED BY CITY PUBLIC WORKS PRIOR TO CUTS MADE**

\_\_\_\_\_  
Property Owner or Contractor (Printed Name)                      Signature                      Date

\_\_\_\_\_  
City Official (Printed Name)                      Signature                      Date

#### *Office Use Only*

#### **If separate from Building Permit Application than:**

Applicant shall deposit with the City Treasurer a sum to be retained by the City for the purpose of replacing curb in the event the work is not satisfactory. Sum shall be set on a per square foot cost of construction basis. Section 6-106 Hickman Municipal Code.

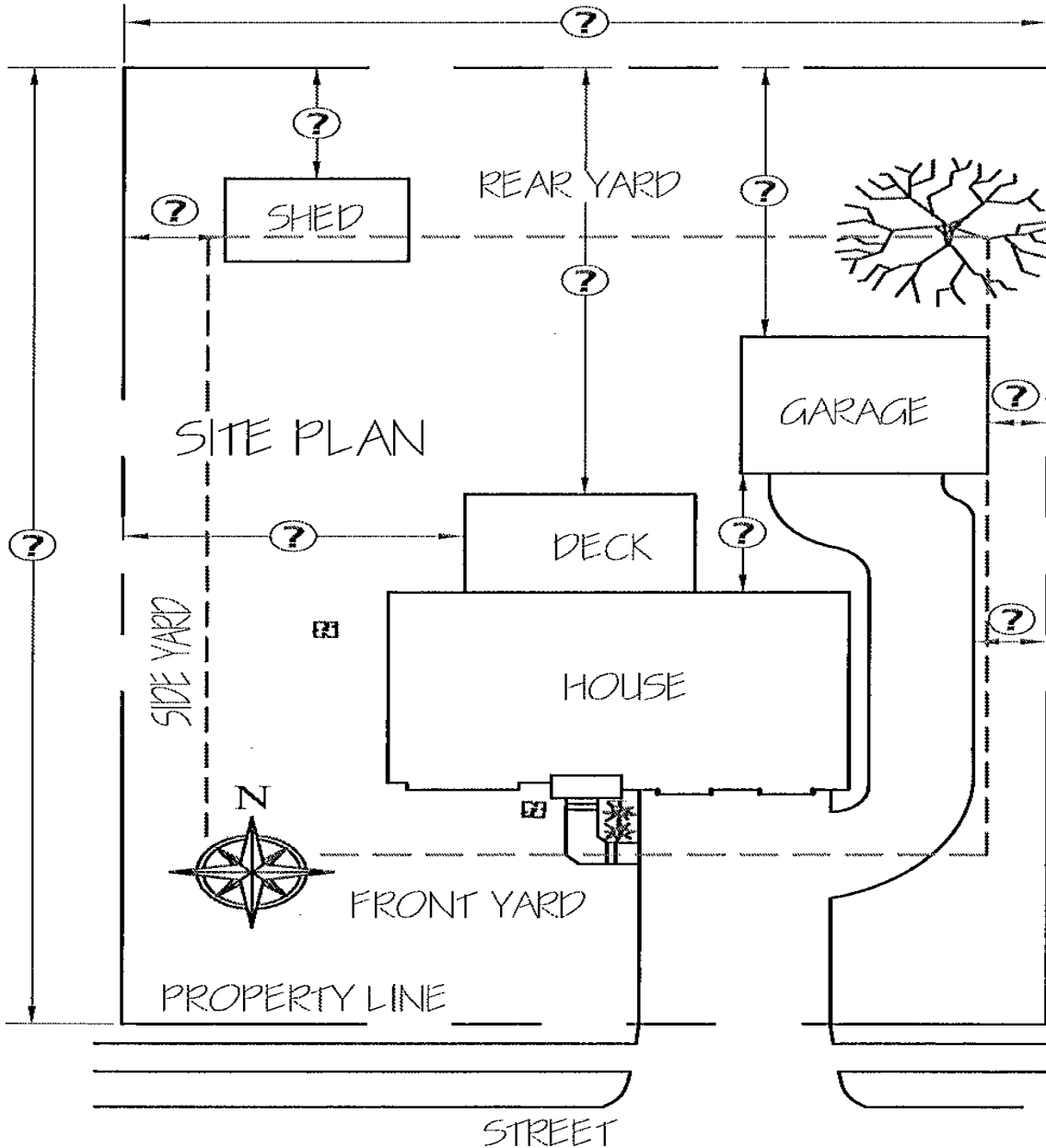
Permit Fee = \$     \$35.00    

Receipt # \_\_\_\_\_

**You MUST Contact Public Works 402.580.3473 or 402.432.6018 for a  
Pre-Cut Inspection!**

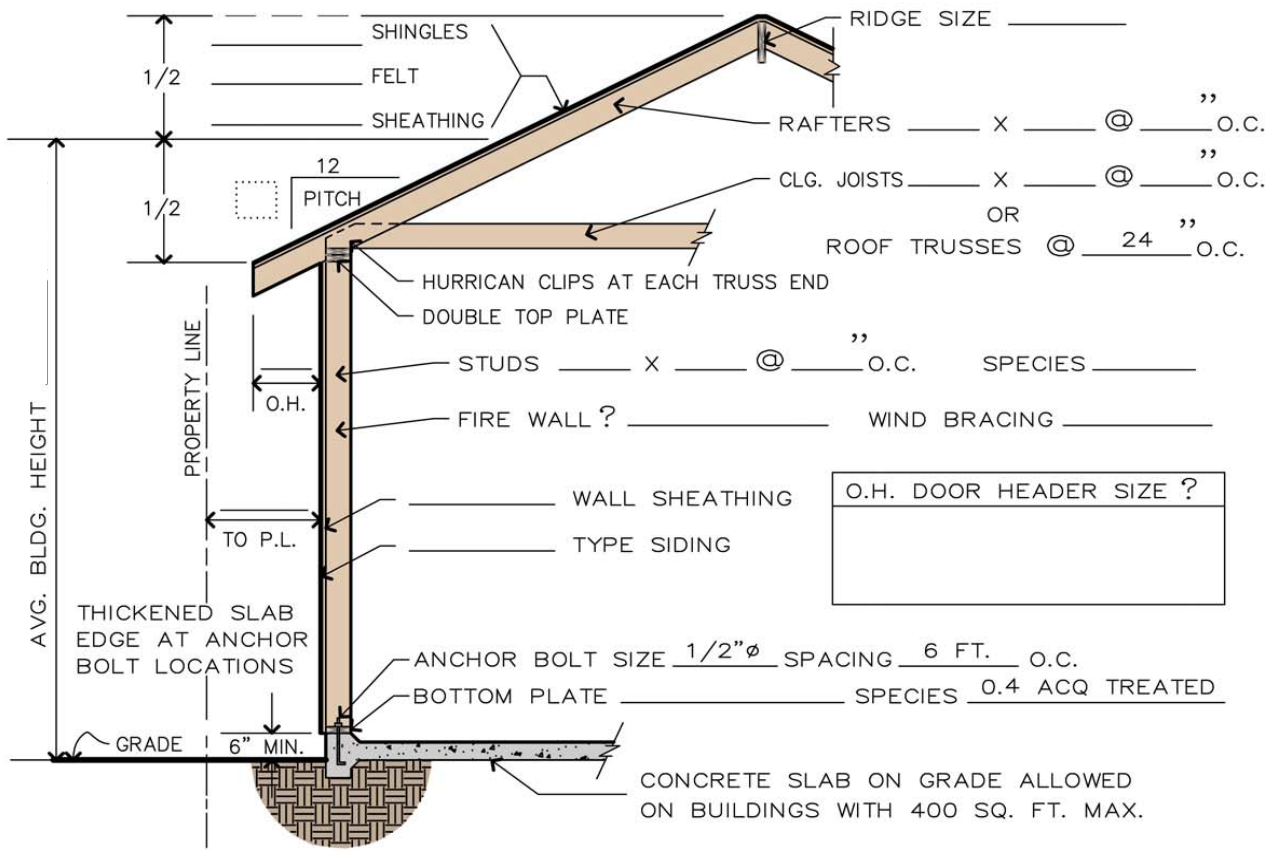
## Distances required on Site Plan

Distance minimums are dependant on the zoning. Additional neighborhood covenants and easements are the responsibility of the builder or homeowner.



All question mark sybols Ⓜ ( seen in site plan above) are required for plan submittal.

# DETACHED ACCESSORY BUILDING



## FROST - FREE FOOTING •

\* FOR BUILDINGS OVER 400 SQ. FT.

## • MONOLITHIC SLAB •

Grade must be relatively level

OPTIONAL FOR BUILDINGS LESS THAN 500 SQ. FT.

