

**CITY OF VALENTINE  
ZONING COMPLIANCE PERMIT APPLICATION**

IMPORTANT - Complete ALL items. Mark boxes where applicable.

<b>Applicant:</b>	<b>Property Owner:</b>
<b>Address/Phone:</b>	<b>Address of construction site:</b>

**Complete legal description of property:**

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**Contractor Name and Address:**

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**TYPE AND COST OF BUILDING - All applicants complete parts A - D**

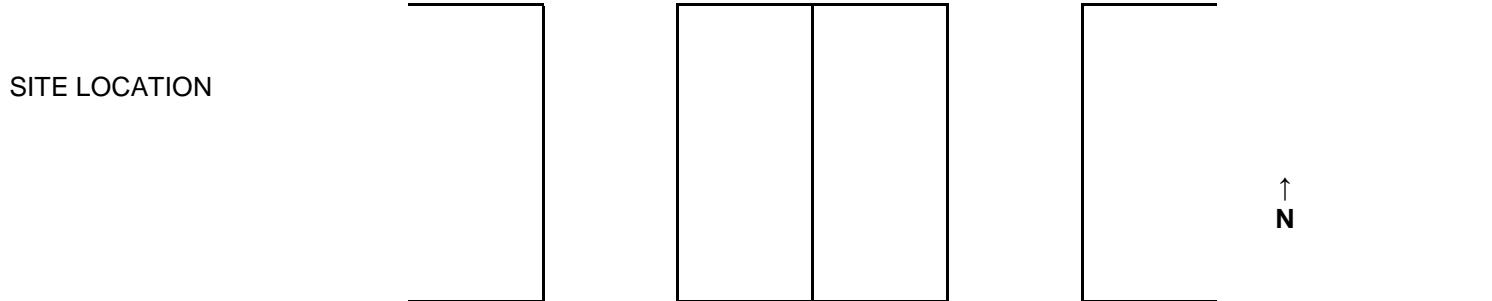
<b>A. TYPE OF IMPROVEMENT:</b>	<b>C. PROPOSED USE:</b>	<u>Non-residential:</u>
1. ( ) New Building	<u>Residential:</u>	18. ( ) Amusement, Recreation
2. ( ) Addition	12. ( ) One family	19. ( ) Church, Other Religious
3. ( ) Alteration	13. ( ) Two or more family-	20. ( ) Industrial
4. ( ) Repair, Replacement	Enter number of units _____	21. ( ) Parking Garage
5. ( ) Wrecking	14. ( ) Transient hotel, motel,	22. ( ) Service/Repair Garage
6. ( ) Moving (relocation)	dormitory-Number of units _____	23. ( ) Hospital/Institutional
7. ( ) Foundation only	15. ( ) Garage	24. ( ) Office, Bank, Professional
8. ( ) Sign	16. ( ) Carport	25. ( ) Public Utility
<b>B. OWNERSHIP</b>	17. ( ) Other - Specify	26. ( ) School, Library, Other Ed'l
8. ( ) Private		27. ( ) Store, Mercantile
9. ( ) Public (Federal, State Local Govt)		28. ( ) Tanks, Towers
		29. ( ) Other: Specify

<b>D. COST</b>	Describe in detail proposed use of building or alteration
10. Cost of Improvement \$ _____	
To be installed but not included in above cost	
a. Electrical \$ _____	
b. Plumbing \$ _____	
c. Heating, Air Conditioning \$ _____	
d. Other (elevator, etc.) \$ _____	
<b>TOTAL COST OF IMPROVEMENT \$ _____</b>	

<b>E. PRINCIPAL FRAME TYPE</b>	<b>G. SEWAGE DISPOSAL TYPE</b>	<b>J. DIMENSIONS</b>
30. ( ) Masonry (wall bearing)	40. ( ) Public or Pvt Company	48. ( ) Number of stories _____
31. ( ) Wood Frame	41. ( ) Ind. (Septic, Tank, Etc.)	49. ( ) Total square feet of floor area
32. ( ) Structural Steel	<b>H. WATER SUPPLY TYPE</b>	all floors, based on all exterior
33. ( ) Reinforced Concrete	42. ( ) Public or Pvt Company	dimensions _____
34. ( ) Other-Specify	43. ( ) Individual (Well, cistern)	50. Total land area, sq. ft. _____
<b>F. PRINCIPAL HEAT TYPE</b>	<b>I. TYPE OF MECHANICAL</b>	<b>K. NUMBER OF OFF-STREET</b>
35. ( ) Gas	Will there be central air conditioning?	<b>PARKING SPACES</b> (if applicable)
36. ( ) Oil	44. ( ) Yes    45. ( ) No	51. Enclosed _____
37. ( ) Electricity	Will there be an elevator?	52. Outdoors _____
38. ( ) Coal	46. ( ) Yes    47. ( ) No	<b>L. RESIDENTIAL BUILDINGS ONLY</b>
39. ( ) Other:		53. Number of Bedrooms _____
		54. Number of Bathrooms _____

**M. IF MOVING A BUILDING** (No permit required for buildings less than 8 ft wide or 20 ft long or 15 ft high)  
Enter height and width of building and proposed route:

**SHOW:** Street Names; Dimension of Lots; Existing Buildings; Proposed Buildings; Distances from all proposed construction to the lot lines



List Streets

Illustrate Proposed Building or Alteration on reverse

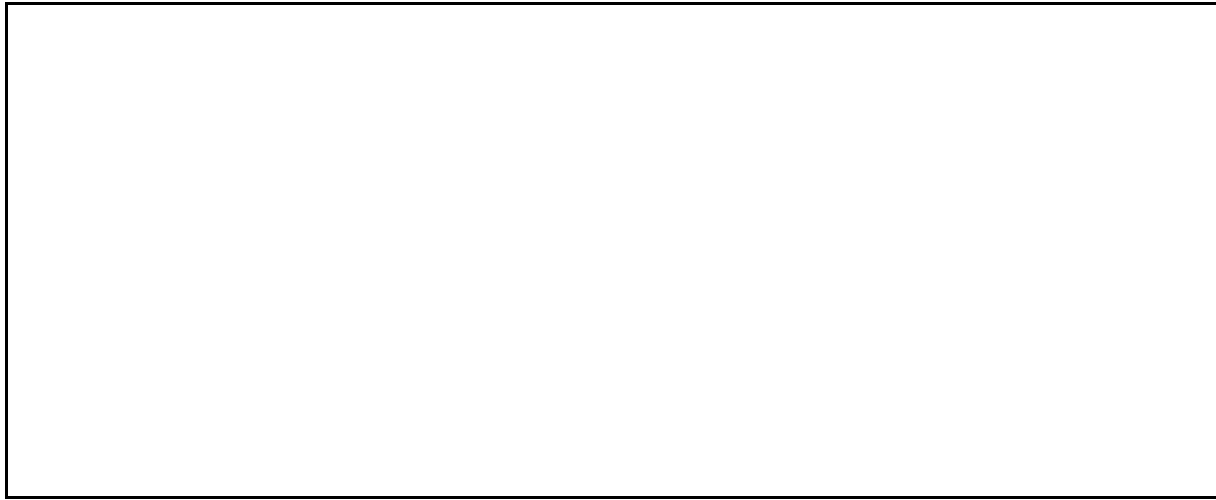
The owner of this building and the undersigned agree to conform to all applicable laws of the City of Valentine, Nebraska and that they will post a notification that a building permit has been secured from the City which will be visible at all times at the construction sight and will indicate the Building Permi number. The placard will be furnished by the City.

Signature of Applicant: \_\_\_\_\_ Application Date: \_\_\_\_\_

Approved By:	Permit #:	Date Issued:	Permit Fee:
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**BUILDING LOCATION/ILLUSTRATION:**

Include Lot Dimensions



**TO BE COMPLETED BY CITY STAFF:**

ZONES:	TA: Transitional Agricultural District	13-201
	R: Residential District	13-303
	CH: Highway Commercial District	13-401
	CB: Business District	13-501
	IL : Light Industrial District	13-601
	IH: Heavy Industiral District	13-701
	MH1: Mobile Home District #1	13-1601
	MH2: Mobile Home District #2	13-1701

\_\_\_\_\_ PERMITTED PRINCIPAL USE  
\_\_\_\_\_ PERMITTED CONDITIONAL USE

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

ELECTRICAL SERVICE: EXISTING \_\_\_\_\_ NEW \_\_\_\_\_

Reviewed by Electric Department: \_\_\_\_\_  
Comments:

WATER SERVICE: EXISTING \_\_\_\_\_ NEW \_\_\_\_\_

Reviewed by Water Department: \_\_\_\_\_  
Comments:

SEWER SERVICE: EXISTING \_\_\_\_\_ NEW \_\_\_\_\_

Reviewed by Sewer Department: \_\_\_\_\_  
Comments:

REVIEWED BY CITY MANAGER: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Permit Disapproved \_\_\_\_\_ By: \_\_\_\_\_

Referred to Board of Adjustment: \_\_\_\_\_ Date: \_\_\_\_\_  
Board of Adjustment: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Minutes attached: \_\_\_\_\_

Reported to County Assessor: \_\_\_\_\_ By: \_\_\_\_\_