Building Permit Application

Hall County Building Dept. 2807 W 2nd St. Grand Island, NE 68803 308-385-5293 Fax# 308-385-5121

PROJECT INFORMATION

Single-Family Re	sidential D Multi-Family Reside	ential 🛛 Commercial 🖓 Industrial 🖓 Public
Project Address:		
Primary Contact:		Zoning:
Phone:	Email:	
	OWNER INFOR	MATION
Name:		
Mailing Address:		
	CONTRACTOR INF	ORMATION
Company Name:		
Mailing Address;		Expiration Date:
Email:		Phone:
	CONSTRUCTION CL	ASSIFICATION
New Construction Fence Roof Sidi	•	tion 🗆 Remodel 🗆 Repair 🗆 Foundation
	PROJECT DESC	RIPTION
Project Value (Materia	ls + Labor): \$	
Please summarize prop	oosed work:	
	APPLICATION MATER	IALS CHECKLIST
Completed Building Building/Construction Project Details sheet	on Plans.	

___ Other applications: Electrical, Plumbing, Sign, Contractor Registration, etc.

I have read and completed the application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required, to obtain permits prior to work, and to schedule required inspections.

Date

Print Name

Signature
Owner
Contractor
Representative