

**PLUMBING/MECHANICAL/ELECTRICAL
 PERMIT APPLICATION**

400 East Military Ave Fremont NE 68025
 402-727-2638 402-727-2659 Fax

Date _____
 Permit # _____
 Permit Fee \$ _____

www.fremontne.gov

building@fremontne.gov

PLUMBING **MECHANICAL**

Address of Project: _____

Property Owner Name: _____

_____ Backwater Valve	_____ Faucet	_____ Septic System	_____ A/C
_____ Bath Tub/Shower	_____ Fireplace	_____ Shower	_____ Furnace
_____ Clothes Washer	_____ Floor Drain	_____ Sink	_____ Heat Pump
_____ Dishwasher	_____ Garbage Disposal	_____ Sprinkler System	_____ Air Handler
_____ Dryer Vent	_____ Gas Piping	_____ Water Closet	_____
_____ Ductwork	_____ Icemaker	_____ Water Conditioner	_____
_____ Ejector Pump	_____ Lavatory	_____ Water Heater	_____
_____ Exhaust Fan	_____ Laundry Tub	_____ Whirlpool	_____

CONTRACTOR _____

Phone Number _____ **Email** _____

I certify no work will be done except as described above or on accompanying plans. All work will be performed in compliance with all codes and ordinances of the City of Fremont, and inspections requested as outlined on the issued permit.

Applicant Name (print clearly) _____

Signature _____

ELECTRICAL

Address of Project: _____

Property Owner Name: _____ Valuation of Project: \$ _____

Describe work being done:

CONTRACTOR _____

Phone Number _____ **Email** _____

I certify no work will be done except as described above or on accompanying plans. All work will be performed in compliance with all codes and ordinances of the City of Fremont, and inspections requested as outlined on the issued permit.

Applicant Name (print clearly) _____

Signature _____