

**PLUMBING/MECHANICAL/ELECTRICAL  
PERMIT APPLICATION**

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

Date \_\_\_\_\_

Permit # \_\_\_\_\_

Pay Permit:  Escrow

www.fremontne.gov

Permit Fee \$ \_\_\_\_\_

In Office  Via Click2Gov

building@fremontne.gov

**PLUMBING**       **MECHANICAL**

Address of Project: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

_____ Backwater Valve	_____ Outside 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** \_\_\_\_\_

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Applicant Name (print clearly) \_\_\_\_\_

Signature \_\_\_\_\_