

Bill: Owner ()
Bill: Contractor ()

**City Of Ulysses
Building Permit Application**

Permit No. _____

Date: ____/____/____

Phone Number: _____

New Construction: Fees (Area) .05 per sq. ft.

+ Base Fee \$20.00

Remodel: Fees (Value): \$2.00 Per/Thousand - **Minimum** \$20.00

Demo: Over 200 sq. ft. - \$10.00

Work in progress Double Fee:

Residential Driveway/sidewalk along city right-of-way - \$5.00

Total Fee: \$ _____

OWNER: _____
Address: _____
City: _____

CONTRACTOR: _____
Address: _____
City: _____

Building Address: _____

Landowner: _____ Section: _____ Range: _____ Town: _____

Legal Desc. : ____L____B____ Add. _____

Lot Placement: _____ **Code:** _____

Zone: _____ **Type of Construction:** _____

Present No. Bldgs. On Lot: ____ **Mobile Home:** New Year: ____ Used Year: ____
1974 or older requires safety inspection before permit

Size of Bldg. _____ Sq. Ft. Area of Bldg. _____

Height: _____ **New construction** requires construction
of sidewalks before final inspection.

Size of Lot: _____ Sq. Ft. Lot: _____

Garage: _____ Sq. Ft.: _____

Basement: _____ Sq. Ft.: _____

No. Floors _____ Total Sq. Ft. _____

Estimated Cost: _____

Est. Completion Time: _____ **Water Meter Applied For:** _____

Special Requirements: _____

Sub-Contractors: Plumbing _____ Electrical _____ Mechanical _____

I hereby acknowledge that I have read this application and the above is correct and that I am the owner or the duly authorized agent of the owner and agree to comply with the city and state laws regulating construction and in doing the work authorized hereby. I hereby agree to keep harmless the City of Ulysses against all liabilities, judgments, cost and expenses, which may arise, against said city in consequence of the granting of the permit. It my responsibility to check covenants filed with my deed.

Permittee

Inspection Department

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Permit Void In Six Months If Work Not Commenced In One Year If Not Completed.

Approved final inspection is required prior to occupancy.

White-Address File

Yellow- Book Copy

Pink- Customer/Billing Copy