



CASS COUNTY DEPT OF ZONING AND INSPECTIONS

Jim Chappell - Zoning Administrator

13860 12th • St Plattsmouth, NE 68048

Phone: (402)296-9359 • Fax: (402)296-0604

Email: zoning@casscountyne.gov

BUILDING PERMIT APPLICATION

Instructions:

1. Fill out application form completely. Please print or type. Use additional sheets if needed.
2. Contact Cass County Zoning if you have any questions @ 402-296-9359 or zoning@casscountyne.gov

Date:

Applicant's name on permit:

Owner's name:

Owner's phone:

Property address:

Zip code:

Contractor's name:

Contractor's phone:

Email address:

Explain in detail what you propose to do:

Administrative Use Only

Parcel ID: _____ **Zoning:** _____

Legal Description: _____



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CASS COUNTY PERMIT NUMBER:

ADDRESS:

LEGAL DESCRIPTION:

I am depositing \$500 with the Cass County Zoning Department. I understand that Final Inspection Approval is required prior to occupancy.

I understand that if I move into the residence or allow the owner to move in or move any personal items into the residence (including garage) before a final inspection is performed, I will not only forfeit the \$500 deposit but will also be subject to a fine of up to \$100 per day with each day of non-compliance being considered a separate offense. I also understand that if work is not started within 180 days of permitting, I could forfeit the \$500 deposit and the permit can be voided.

APPLICANT:

DATE:

If not forfeited due to occupancy violation or failure to commence work within 180 days of permitting, the \$500 deposit will be returned to the applicant after Final Inspection of the structure.

DEPOSIT RECEIVED:

DATE:

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CURRENT CASS COUNTY CODES

- 2012 IBC, IRC, IPC, IMC, IFGC
- 2023 NEC
- 2018 IECC

NEEDED FOR A NEW RESIDENCE PERMIT

- ☐ Architectural & setback approval (town, village, or SID)
- ☐ Septic & lateral site plan
- ☐ Percolation test (if applicable)
- ☐ 3 sets of plans including:
 - 4-side views
 - Footing detail showing rebar placement
 - Foundation detail showing rebar and anchor bolt placement
 - Framing construction notes
 - Plumbing fixture locations
 - Roof detail showing ice & water shield
 - Energy detail – RESchek
- ☐ Electrical plans showing basic electrical detail
- ☐ Plot plan showing access and setbacks
- ☐ Letter of approval (Beaver Lake, Buccaneer Bay, any village or city)
- ☐ Elevation Certificate (if in flood plain)
- ☐ 2 checks:
 - 1 for permit
 - 1 for new residence deposit - \$500. Will be refunded after Certificate of Occupancy is issued



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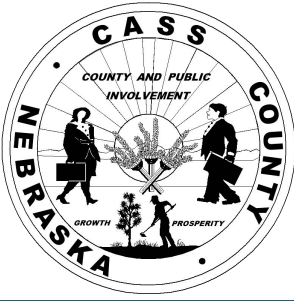
BUILDING INSPECTION INFORMATION

YOU MUST CALL IN ALL INSPECTIONS. FAILURE TO DO SO WILL RESULT IN JOB DELAYS AND POSSIBLY FINES.

The following is a list of required inspections (may vary in order).

1. **FOOTING:** **After** trenches have been prepared and **prior** to pouring.
2. **FOUNDATION:**
 - a. Blocked Walls: **After** foundation walls are completed and **prior** to framing.
 - b. Poured Walls: Walls must be inspected **prior** to pouring.
3. **GROUNDWORK:** **Prior** to covering any plumbing below grade with sand, gravel or soft, clean dirt. This includes inspection of the radon mitigation system prior to covering.
4. **RADON INSPECTION:** **After** gravel and poly and **prior** to floor being poured.
5. **FRAMING, ELECTRICAL, PLUMBING AND MECHANICAL:** **Prior** to installing insulation. State electrical inspection must be done **prior** to Cass County.
6. **INSULATION:** **After** rough-in.
7. **SEPTIC:** **After** tank and laterals have been set and **prior** to covering.
8. **FINAL:** Final inspection is **REQUIRED** (after state electrical final is completed) upon completion of the structure. **Forfeiture of the \$500** security deposit will happen if occupancy is established before final inspections are done.

INSPECTIONS WILL BE DONE BETWEEN 9:00 AM AND 4:00 PM MONDAY-FRIDAY EXCEPT LEGAL COUNTY HOLIDAYS. PLEASE CALL THE COUNTY ZONING OFFICE AT LEAST 24 HOURS PRIOR TO THE DATE OF THE REQUIRED INSPECTION.



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CONTRACTOR REGISTRATION APPLICATION

Contractor Name
Parent Company Name
Principal place of business
Principal place of business phone
Contractor in Nebraska phone
Contact Name
Contact Email

Business Structure		
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Trust
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Other

For each owner/partner/registered agent:			
Role			
<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Registered Agent
Name			
Address	City	State	Zip Code
Phone			

Role			
<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Registered Agent
Name			
Address	City	State	Zip Code
Phone			
Role			
<input type="checkbox"/> Owner	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Registered Agent
Name			
Address	City	State	Zip Code
Phone			

Description of business including principal products and services provided:

The following items must accompany the application:

1. Proof of insurance
 - a) a certificate or policy of insurance written by an insurance carrier duly authorized to do business in this state which gives the effective date of workers' compensation insurance coverage indicating that it is in force,
 - b) a certificate evidencing approval of self-insurance privileges as provided by the Nebraska Workers' Compensation Court pursuant to Nebraska Revised Statutes Section 48-145, or
 - c) a signed statement indicating that the contractor is not required to carry workers' compensation insurance pursuant to the Nebraska Workers' Compensation Act.
2. Proof of certification by the Nebraska Department of Environment and Energy for those people(s) who do the following types of work with on-site wastewater treatment systems:
 - a) Percolation testing
 - b) Installer (includes alteration, construction, reconstruction, modification, or repair work)
3. Application/Renewal fee of \$20.

Signature	Date / /
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