



WELLHEAD STRUCTURE OR ACTIVITY PERMIT APPLICATION

IMPORTANT NOTICE: Applicants and property owners are solely responsible for the information submitted on the application. Information which is incorrect or inaccurate may be cause for rejection of the application. Officials of the City of David City are not authorized to practice engineering, surveying or architecture. Review of applications by the City of David City is not to be construed as a substitute for architectural, engineering, surveying or contractors services. Applicants are encouraged to consult with a professional architect, engineer, surveyor or contractor when in doubt. Applicants are solely responsible for all applicable state building, electrical and plumbing codes. Applicants are solely responsible to comply with all zoning codes of the General Plan and all ordinances of the City of David City and are cautioned to consult with an attorney when in doubt. No construction shall be started without an approved Wellhead Permit. Applicants are encouraged to obtain certification from a Nebraska licensed surveyor to document compliance with zoning regulations. The City of David City may seek recommendations of the Natural Resources District, the Nebraska Department of Environmental Quality or any other party or agency in evaluating the impact of the proposed structure or activity on the municipal water supply or ground water.

The City of David City shall not be liable for any and all liability that may arise as a result of the proposed construction.

Date of Application _____ Zone _____

Type of Construction or Activity

(describe the activity or operation, etc.): _____

Estimated Cost _____ Intended Use _____

Property Owner:

Location of Work:

Name _____ Owner _____

Address _____ Address _____

Phone _____ Zone _____

Legal Description of Work Site: _____

Description of Work- Describe the project or activity and why approval would not adversely impact municipal water supply and groundwater (use a separate sheet if necessary):

General Contractor:

Name _____

Address _____ Phone: _____

Electrician:

Name _____

Address _____ Phone: _____

Plumber:

Name _____

Address _____ Phone: _____

=====
This section to be completed by the city

Permit Fee _____ Date Paid _____ Rec'd by _____

Date Plans Submitted _____ Date Survey Submitted _____

ACTION:

SUBMITTED TO PLANNING COMMISSION Date _____

DENIED Reason _____ Date _____

APPROVED Date _____

PLANNING COMMISSION FINDINGS _____

PERMIT ISSUED Date _____ Number _____