



City of Waverly

Building & Zoning Department

Mail to: P.O. Box 427

14130 Lancashire

Waverly, NE 68462

402.786.2312

HOMEOWNER VERIFICATION for Plumbing / GAS PIPING PERMITS

_____, being first duly sworn, says that:

Name: (Print) First, M.I., Last

1. I am the owner of the single-family dwelling located at: _____
House # Street
2. I presently reside in the single-family dwelling, or will reside there after construction is completed.
3. I will install and connect the Plumbing / Gas Piping for myself, without compensation or pay from, or to, any other person.
4. I have submitted detailed plans of the proposed Plumbing / Gas Piping installation, as required by the City of Waverly. I have sufficient knowledge of the 2006 International Residential Code requirements to complete this construction to code requirements.
5. I am aware the project for which a Permit is issued must be inspected and tested BEFORE Vents, Drainage pipes, or Water lines are concealed; AND also must be inspected when the installation of the Plumbing / Gas Piping work is completed. I will call the City of Waverly Building Department and request the required inspections with the following information:
 1. Permit # and Address
 2. Date you want the inspection, (AM or PM, if necessary)
 3. Access instructions (if necessary)

For an inspection request call – 402-786-2312 ex 1.

Most inspections will occur within 24 hrs. For same day inspection notify the building department by 9:00 AM.

6. I am aware the Plumbing / Gas Piping Permit is valid for 2 years from date of issuance.
7. I am aware that failure to submit satisfactory information or violating the above statements is sufficient grounds to void a permit already issued or to reuse issuance of a Plumbing / Gas Piping permit to a homeowner.
8. I am aware that there is a \$30.00 fee for each re inspection required because of non-compliance with 2006 International Residential Code or if work is not complete at the time inspection is called for.

Date

() - _____
Home Phone #

X _____
Signature of Homeowner

Date Received

() - _____
Work Phone #