## **SOD & SEEDING PERMIT**

**City of Waverly Building Department** P.O. Box 427

14130 Lancashire St. Waverly, NE 68462

Phone 402.786.2312 402.786.2490 Fax

DATE



ESTABLISHED BY RESOLUTION ON 04/23/2024

EFFECTIVE DATE 5/1/2024

www.citywaverly.com

PERMIT #	ļ	DATE	
PROPERTY OWNER INFORMATION			
Name:		Phone:	
Address:		Fax:	
City:	State:	Zip:	
Email			
CONTRACTOR INFORMATION			
Name:		Phone:	_
Address:	1	Fax:	_
City:	State:	Zip:	
Email			
REGULATIONS  1. A permit must be obtained for: a) the placement of so	ad an angli-	ation of acad to agree a	
<ol> <li>No watering between the hours of 10:00 a.m. and 4:0</li> <li>Permit sign shall be placed in a conspicuous location</li> <li>Sod permit is valid for 14 days from time of placemen</li> <li>*This permit shall become null and void if the work authorized by this p</li> </ol> FEES	n on the pre nt of sod or permit is not co	mises, clearly visible from seed. mmenced within 180 days from	m the public way.
\$50.00 PERMIT FEE Date Paid	□ C	ash; □ Check #	; □ Credit Card
X		<del></del>	
Signature of Applicant	Date		
I certify that I have read this application and state that the above inform Residential Code, and hereby authorize the City's representative to en			
ADMINIS	STRATIVE	USE	
Permit Start Date:	End Da	ate:	
Additional Information:			
Approved - City Staff Signature		Date	