

CITY OF SOUTH SIOUX CITY
1615 1st AVENUE
SOUTH SIOUX CITY, NE 68776

PLUMBING / GAS /HVAC/ LAWN SPRINKLER / GAS CERTIFICATE/ PERMIT APPLICATION
Inspection Services 402-494-7518

PROJECT INFORMATION

Owner's Address: _____ Date: _____

Owner's Name: _____ Phone: _____

Contractor: _____ Phone: _____

Building Type: Industrial Commercial Single Family
 Multi Family Mobile Home Other _____

Description of Work:

| | | | |
|--------------------------|---------------|-----------------------|-------------------------|
| NEW or Change-out HVAC | Water Service | Backflow Devices | Sewer Septic System |
| Gas Piping Pressure Test | Gas Piping | Lawn Sprinkler System | Repair Water/Sewer Line |

Type of Construction: (Check all that apply)

| | | | |
|--------------------------------|--------------------|-----------------------|-------------|
| New Construction | Dormant Structure | Remodel | Mobile Home |
| Upgrading or Adding Gas Piping | Fire Damage Repair | Flood or Water Damage | |

CONVERTING TO GAS FROM ELECTRIC

CONVERTING TO ELECTRIC FROM GAS

Number of Fixtures, Traps, and Anti-Siphon Water Outlets _____ Number of Gas Outlets _____

Total Number of Furnaces or AC Units: _____

**ALL ELECTRIC FURNACE
NATURAL GAS FURNACE**

**ELECTRIC WITH NATURAL GAS BACKUP FURNACE
PROPANE FURNACE**

Plumbing/Gas/HVAC Permit Fee: \$25.00 Residential \$50.00 Commercial

Lawn Sprinkler System: \$25.00

Amount Enclosed: \$ _____ Check or payment must be enclosed if fee was NOT included
in the BUILDING PERMIT in case of New Construction or Remodel Project – City Does Not Bill Out.

GAS CERTIFICATE DOCUMENT

I, _____, the GAS PIPING INSTALLER & TESTER,
(YOUR FIRST & LAST NAME)

for _____, do hereby certify that the gas piping system
(COMPANY NAME)

installed at _____,
(ADDRESS OF PRESSURE TESTING)

was tested on: Month: _____ Day: _____, Year: _____; and that said tests were performed in accordance with the testing procedures provided for in the Municipal Code of South Sioux City, Nebraska & MidAmerican Energy Inc. I further find and certify that no leaks in said gas line or gas piping exist. **TESTED AT 30LBS FOR 30 MINUTES.**

Please Note: Once gas is turned on, a "GAS LEAK TEST" must be performed.

License Holder's Signature: _____ Date: _____

Date Approved: _____ Inspector: _____