

APPLICATION FOR BUILDING PERMIT

CITY OF
LINCOLN
NEBRASKA
lincoln.ne.gov

BUILDING & SAFETY DEPARTMENT
555 S. 10th St., Suite 203,
Lincoln, NE 68508
P: 402-441-7521

NOTE: Separate Permits Required for: Electrical, Plumbing, Mechanical, Signs, Fire Alarms, Fire Sprinklers, Fire Suppression Systems, Flammable Liquid Tanks, SWPPP.

City 3-Mile District County
 Residential Commercial

Street Address _____ Suite _____

Lot _____ Block _____

Subdivision Name _____

BUILDING PERMIT

The undersigned hereby applies for a permit for:

New Enlarge/Addition Move-on Alteration

TOTAL CONSTRUCTION VALUATION \$ _____
(Includes general, electric, plumbing, mechanical, etc.)

DESCRIBE WORK TO BE DONE: _____

USE OF BUILDING (description): _____

Size _____ x _____ Height _____ # of Units _____ # of Stories _____

CONSTRUCTION ACTIVITY SWPPP

SWPPP Permit Number # _____

The undersigned hereby certifies that the building phase of development for the property described on this application will be conducted in conformance with L.M.C. Chapter 28.01 and the Construction Activity SWPPP (Storm Water Pollution Prevention Plan).

APPLICANT / CONTRACTOR INFORMATION

Property Owner: _____

Owner Phone: _____

Lessee or Tenant Name: _____

Engineer/Architect: _____

Building Contractor: _____

Contractor Email Address _____

Contractor Cell Phone# _____ FAX # _____

Office Use Only

Permit No. **B** _____

Building Permit: \$ _____

Plan Review: \$ _____

Fire Code Review: \$ _____

Fair Housing Review: \$ _____

Shell Permit: \$ _____

Limited Permit: \$ _____

Additional Review: \$ _____

Occupancy Certificate: \$ _____

Other: \$ _____

Copies: \$ _____

Investigation Fee \$ _____

Miscellaneous Fee \$ _____

LANCASTER COUNTY FEE \$ _____
3-8 miles--\$15; Over 8 miles--\$30

TOTAL FEES \$ _____

Plan Review Deposit \$ _____

Balance Due \$ _____

Fin. Floor Area _____ Sq. Ft. \$ _____

Fin. Bsmt. _____ Sq. Ft. \$ _____

Unfin. Bsmt. _____ Sq. Ft. \$ _____

Garage _____ Sq. Ft. \$ _____

Deck _____ Sq. Ft. \$ _____

Covered Deck _____ Sq. Ft. \$ _____

TOTAL \$ _____

Zoning District _____

Occupancy Group _____

Type of Construction _____

Flood Plain Permit # _____

Curb Cut Permit # _____

Septic # _____

Well # _____

Special Permit # _____

Admin. Amendment # _____

Bd. of Zoning Appeals # _____

House Moving Permit # _____

Height Permit # _____

THE UNDERSIGNED HEREBY CERTIFIES that they have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Company Name: _____

Address: _____ Zip _____

Print Name: _____ **Day Phone #** _____

Signature: _____ **Date** _____

Water Dept. Approval:

Date _____

Building Application Approval:

Date _____