

_____ Dir. _____ Street Name _____

Bldg # _____ Floor # _____ Unit/Apt # _____

Owner Name _____

Wk Phone _____ Hm Phone # _____

Owner Address City/State/Zip _____

Tenant Name (if other than Owner) _____ () _____
Tenant Phone # _____

Contractor Name _____ () _____
Phone # _____

Mailing Address City/State/Zip _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all state laws and the Lincoln Municipal Code:

- Gas Piping--Section 24.05;**
- Mechanical--Section 25.06;**
- Mechanical Fuel Gas Code--Section 25.12;**
- Hydronics -- Section 24.08**

and hereby authorize the City's representative to enter upon the above-mentioned property for inspection purposes.

I, the undersigned, hereby make application for the following:
Heating/Cooling/Ventilating/Gas Piping

X _____ Date _____
Applicant Signature

APPLICATION

for Mechanical/Gas Piping Permit
BUILDING & SAFETY DEPT



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Permit # M _____

County Permit # _____

Building Permit # B _____

Check Appropriate Boxes:

- CITY OF LINCOLN LANCASTER COUNTY (Beyond 3-Mile Limit)
- Residential Commercial
- New Replacement Remodel

24-hr. Inspection Line: 402-441-5999 (before 7:30 AM for same business day inspection)

INSPECTION: Ready Date _____ - _____ - _____

Access _____

Permit Expiration: This permit shall expire and become null and void if the work authorized by this permit is not commenced within 120 days from the date of this permit, or work authorized by this permit is suspended or abandoned at any time after the work is commenced for a period of 180 days. A new permit shall be obtained before work can be recommenced.

	#	\$ Fee ea.	Total		#	\$ Fee ea.	Total
Furnace: Electric <input type="checkbox"/>	_____	\$35	_____	REFRIGERATION			
Brand: Gas <input type="checkbox"/>	_____	\$40	_____	Remote Condensing Units Greater than 5 tons	_____	\$25	_____
Cooling Equipment: Air Conditioner <input type="checkbox"/>	_____	\$35	_____	Refrigeration Systems: 5-25 tons	_____	\$25	_____
Brand: Heat Pump <input type="checkbox"/>	_____	\$35	_____ 26-50 tons	_____	\$35	_____
Roof Top Heating / Cooling _____	_____	\$60	_____ 51-75 tons	_____	\$40	_____
Brand: _____	_____		 76 tons and larger	_____	\$50	_____
Air Handling Unit: Brand: _____	_____	\$30	_____	HYDRONICS			
Electrical Contractor: _____				Boiler Piping, less than 200,000 BTU	_____	\$35	_____
Residential Kitchen Exhaust Hood & Duct _____ CFM	_____	\$25	_____	Each additional 120,000 BTU	_____	\$10	_____
Bath/Restroom Exhaust & Duct _____ CFM	_____	\$10	_____	Fluid Cooler Piping, less than 20 tons	_____	\$30	_____
Clothes Dryer Vent	_____	\$10	_____	Each additional 10 tons	_____	\$10	_____
Vent/Chimney Liner for Fuel Burning Appliance.....	_____	\$25	_____	Heat Pump and Fan Coil	_____	\$25	_____
Alteration of Existing Duct Work.....	_____	\$25	_____	Heating, Chilled, and Condenser Piping	_____	\$10	_____
Decorative Gas Fireplace/Log Set	_____	\$60	_____	Heat Pump, Heat Recovery Piping	_____	\$10	_____
Underground Ductwork (per system).....	_____	\$30	_____	Radiant Panel and Coil Piping	_____	\$10	_____
Ventilation System (separate from Htg/Cool Sys).....	_____	\$30	_____	GAS PIPING			
New Duct Work: 1-20 systems	_____	\$20	_____	<i>Each Gas Appliance, New or Replacement, Requires a Gas Piping Permit.</i>			
Each Additional System \$1.00 each	_____	\$1	_____	New Construction (1-5 outlets).....	_____	\$25	_____
Type II Hood _____ CFM	_____	\$50	_____	Each Additional Outlet	_____	\$1	_____
Make-up Air System _____ CFM	_____	\$50	_____	Gas Piping Replacement Appliance	_____	\$6	_____
Heat Recovery System _____ CFM	_____	\$30	_____	Gas Piping: <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration	_____	\$15	_____
Paint Booth _____ CFM	_____	\$90	_____	Minimum Fee With No Other Permit \$35.00			
Fume Hood Exhaust _____ CFM	_____	\$60	_____	WORK DONE BEYOND LINCOLN CITY LIMITS			
Mixing/VAV Boxes _____	_____	\$15	_____	From 3 miles to 8 miles beyond	ADD _____	\$15	_____
Unit Heater/Infrared Pipe Heating Sys. (Comm. only)	_____	\$30	_____	Beyond 8 miles	ADD _____	\$30	_____
Type I Hood including Ducts (Comm. only) _____ CFM	_____	\$300	_____				
SUBTOTAL (Minimum Fee \$35.00)				TOTAL FEE			

HOMEOWNERS AFFADAVIT FOR MECHANICAL / ELECTRICAL / PLUMBING



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

_____, being first duly sworn, says that:
NAME: (Please TYPE OR PRINT) FIRST -- M.I. -- LAST

1. I am the owner of the single-family dwelling located at: _____
House # Street Direction Street Name Street Type Suffix

2. **ELECTRICAL:** I am the owner of and currently occupy as my principal residence the detached single-family dwelling located at the above listed address. **MECHANICAL AND PLUMBING:** I presently reside in the single-family dwelling, OR will reside there after construction is completed.

3. This house is not being prepared for sale, and is not AND will not be used as a rental property.

4. I will install and connect the following installation for myself, without compensation or pay from, or to, any other person.

Electrical Wiring
 Plumbing

Gas Piping
 Heating / Ventilation / Cooling

5. I have submitted detailed plans of the proposed installation, as required by the Electrical Section, Plumbing Section, or Mechanical Section, to the DEPT OF BUILDING & SAFETY.

Electrical
 Plumbing

Gas Piping
 Heating / Ventilation / Cooling

6. I have sufficient knowledge of the applicable Lincoln Municipal Codes:

CHAPTER 24.05 [GAS PIPING],
 CHAPTER 25.06 [MECHANICAL CODE],

CHAPTER 23.10 [ELECTRICAL CODE], AND/OR
 CHAPTER 24.12 [PLUMBING CODE],

OF THE LINCOLN MUNICIPAL CODE, to satisfactorily complete the project.

7. I am aware the project for which a Permit is issued must be inspected **BEFORE** any work is concealed; **AND also must be inspected when** the installation of the work is completed. I will call the DEPT OF BUILDING & SAFETY **24-hr Inspection Line (402) 441-5999** before 7:30 am for same business day inspection and request the required inspections with the following information:

- **Permit # AND** [House #, Street Name, & Type of Street],
- **Date** you want the inspection, (AM or PM, if necessary), and
- **Access instructions** (if necessary, contact an inspector between 8:00 and 8:45 AM with any special information).

If I have any questions I will call the THE DEPARTMENT OF BUILDING & SAFETY at 402.441.7521.

8. I am aware that all Plumbing and Mechanical **PERMITS are valid for 120 days from issuance and Electrical permits are valid for 90 days from the date of issuance, unless I request an extension.**

9. 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 refuse issuance of an Electrical / Plumbing / Heating / Ventilation / Cooling / Gas Piping Permit to a homeowner.

10. I am aware that **NON COMPLIANCE** may result in a re-inspection fee.

_____-_____-_____
Date of Application (_____-_____-_____)_____-_____-_____
Home Phone #

Signature of Homeowner

(_____-_____-_____)_____-_____-_____
Daytime Phone #