

_____ 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 _____

CITY OF LINCOLN
BUILDING & SAFETY DEPT
 555 S. 10th St., Suite 203
 Lincoln, NE 68508
[Building & Safety Website](#)

Permit # **M** _____
 MC _____
 Building Permit # **B** _____

APPLICATION for Mechanical / Gas Piping Permit

Check Appropriate Boxes:

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

Application must be received by 12:00 pm for next business day inspection
 Mechanical Section 402-441-7521
 24-hr. Inspection Line 402-441-8213 (before 12:00pm for next business day inspection)
 FAX 402-441-8214

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 25.04:**
Mechanical Fuel Gas Code--Section 25.10;
Mechanical Residential Code--Section 20.10.720

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

Applicant

Signature **X** _____

Date: _____

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.

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

	#	\$ Fee each	Total
Furnace: Electric	<input type="checkbox"/>	\$30	_____
Brand: Gas	<input type="checkbox"/>	\$30	_____
Cooling Equipment: Air Conditioner	<input type="checkbox"/>	\$30	_____
Brand: Heat Pump	<input type="checkbox"/>	\$30	_____
Roof Top Heating / Cooling		\$60	_____
Brand:			
Air Handling Unit: Brand:		\$30	_____
List Name of Electrical Contractor:			
Residential Kitchen Exhaust Hood & Duct .. CFM		\$25	_____
Bath/Restroom Exhaust & Duct CFM		\$10	_____
Clothes Dryer Vent		\$10	_____
Vent/Chimney Liner for Fuel Burning Appliance		\$25	_____
Alteration of Existing Duct Work		\$25	_____
Decorative Gas Fireplace/Log Set		\$60	_____
Underground Ductwork (per system)		\$30	_____
Ventilation System (separate from Htg/Cool Sys)		\$30	_____
Type II Hood		\$50	_____
Make-up Air System		\$50	_____
Heat Recovery System		\$30	_____
Paint Booth		\$90	_____
Fume Hood Exhaust		\$60	_____
Mixing/VAV Boxes		\$15	_____
Unit Heater/Infrared Pipe Heating Sys. (Comm. only) .		\$30	_____
Type I Hood including Ducts (Comm. only) .. CFM		\$300	_____
Reinspection Fee:		\$35	_____
Minimum Mechanical Fee		\$30	_____

	#	\$ Fee each	Total
REFRIGERATION			
Remote Condensing Units		\$25	_____
Refrigeration Systems: 10-25 tons		\$25	_____
..... 26-50 tons		\$35	_____
..... 51-75 tons		\$40	_____
..... 76 tons and larger		\$50	_____
HYDRONICS			
Boiler Piping, less than 200,000 BTU		\$35	_____
Each additional 120,000 BTU		\$10	_____
Fluid Cooler Piping, less than 20 tons		\$30	_____
Each additional 10 tons		\$10	_____
Heat Pump and Fan Coil		\$25	_____
Heating, Chilled, and Condenser Piping		\$10	_____
Heat Pump, Heat Recovery Piping		\$10	_____
Radiant Panel and Coil Piping		\$10	_____
GAS PIPING			
Each Gas Appliance, New or Replacement, Requires a Gas Piping Permit.			
New Construction (1-5 outlets)		\$25	_____
Each Additional Outlet		\$1	_____
Gas Piping Replacement Appliance		\$6	_____
Gas Piping: <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration		\$35	_____
Work Done Beyond the Lincoln City & 3-Mile Limits			
From 3 miles to 8 miles beyond	ADD	\$15	_____
Beyond 8 miles	ADD	\$30	_____
Reinspection Fee		\$30	_____
Investigation Fee If Applicable	DOUBLE FEE	\$	_____
		TOTAL FEE	_____

Permit Issued By: _____ **Date:** _____