

APPLICATION MISCELLANEOUS FEES PERMIT



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

Permit # _____

Job Address: _____ Suite #: _____

Lot(s): _____ Block: _____ Subdivision: _____

FLOODPLAIN PROCESSING	OFFICE USE / FEE SCHEDULE
Request for removing property from FEMA identified floodplain <input type="checkbox"/> LOMA <input type="checkbox"/> LOMR <input type="checkbox"/> LOMR-F <input type="checkbox"/> CLOMA <input type="checkbox"/> CLOMR	\$412.00
FARMSTEAD <input type="checkbox"/> Farmstead Subdivision (Split-off is over 10 acres)	\$412.00
MISC. RESEARCH (Not associated with a permit review) Examples: <input type="checkbox"/> Field Research/On-site Consultations for Code Assessments <input type="checkbox"/> On-site Structural Consultation <input type="checkbox"/> Repetitive Consultation/Research Regarding the Same Topic or Project <input type="checkbox"/> Replacement of Drawings in Active Permit Sets <input type="checkbox"/> Underground Storage Tanks <input type="checkbox"/> Other _____ _____	ESTIMATED FEES: # Hrs. ____ X \$ _____ = \$ _____ ACTUAL FEES: (To be calculated during the review) # Hrs. ____ X \$ _____ = \$ _____ # Hrs. ____ X \$ _____ = \$ _____ MINIMUM DEPOSIT: \$ 50.00 FEE TOTAL: _____

Description of work requested:

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 compiled 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.

The undersigned also hereby agrees to pay all calculated fees.

PRINTED APPLICANT NAME: _____ Cell Phone # _____

Applicant Signature: _____ Date: _____

Mailing Address: _____ City _____ State _____ Zip _____

Office Phone: (_____) ____ - _____ Applicant Email: _____

BUILDING & SAFETY APPROVAL: _____	DATE: _____
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