

APPLICATION REVIEW REQUESTED



Building & Safety Department
555 S. 10th Street, Suite 203
Lincoln, NE 68508
402-441-7521
Lincoln.ne.gov/building

Permit #: _____
Office Use Only

Project Address: _____ Suite: _____

Tenant Name: _____

Applicant Name: _____

Email Address: _____

Phone #: _____

Signature: _____ Date: _____

Category: New Enlarge Interior Alter Parking Lot

Type of Occupancy: _____ Gross Sq. Footage: _____

Plan sets submitted # of parking stalls

Construction Type:

Non-Combustible Framing Combustible Framing
 IA IB IIA IIB IIIA IIIB IV VA VB

- Full/Final (plans are complete)
- Limited (**specify type of Limited Permit you are requesting in the box below. Adds an **ADDITIONAL 20%** to the Building Permit fees (\$100 minimum).
- Shell Only (No Occupancy allowed. Interior will be finished under a separate permit)

Indicate whether the following plans are included in the submitted drawings:

| | |
|-----------------|---|
| Site Plan | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| Landscape Plan | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| Utility Plan | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| Grading Plan | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| Electrical Plan | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| Plumbing Plan | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |
| Mechanical Plan | Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> |

Check here if you are also applying for curb cuts (you will be required to provide (3) additional copies of the site plan for this permit)

Check here if the parking lot will be provided with lighting (See Plan Reviewer for Outdoor Lighting Application).

Check here if you included a copy of the approved UP/SP site plan from Planning Department in your building drawings.

** Description/Scope of **LIMITED PERMIT**:

| | | |
|--|---------------------------------------|--|
| Date: _____ | Office Use Only | Initials: _____ |
| <input type="checkbox"/> Build | <input type="checkbox"/> Fire | <input type="checkbox"/> Sp. Permit |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Fair Hsg | <input type="checkbox"/> Engin |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> NRD | <input type="checkbox"/> NDEQ |
| <input type="checkbox"/> UD | <input type="checkbox"/> Dsgn Stand | <input type="checkbox"/> SWM |
| <input type="checkbox"/> Flood Plain | <input type="checkbox"/> Curb | <input type="checkbox"/> Impact |
| <input type="checkbox"/> Struc | <input type="checkbox"/> Utility | <input type="checkbox"/> Capital |
| <input type="checkbox"/> Plumb | <input type="checkbox"/> Mech | <input type="checkbox"/> Hist |
| <input type="checkbox"/> Hlth/Pool | <input type="checkbox"/> Hlth/Daycare | <input type="checkbox"/> Hlth/Body Art |
| <input type="checkbox"/> Hlth/Septic or Well | | |

