

Application for **BUILDING PERMIT**

CITY OF LINCOLN
BUILDING & SAFETY DEPARTMENT
 555 S. 10th St., Room 203, Lincoln, NE 68508

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 _____