



MECHANICAL PERMIT APPLICATION

CITY OF LA VISTA

8116 Park View Blvd, La Vista, NE 68128

PH: 402-593-6400 Fax:402-593-6445

www.cityoflavista.org

Date of Application: _____

Permit Number: _____

Project Location: _____

Kind of Building: _____ Used As: _____

Owner of above location: _____

To Be Completed About: _____ Est. Cost \$ _____

Contractors Name: _____

Contractors Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Applicant certifies that all information given is correct and that all pertinent city ordinances will be complied with in performing the work for which this permit is issued.

Type of Fuel: Oil ___ Nat. Gas ___ LPG ___

Type of Equipment	Number	Fee
Forced Air Systems – BTU/h M Ea.		
Gravity Systems – Btu/h M Ea.		
Floor Furnaces		
Wall Heaters		
Unit Heaters		
Gas Fired A.C. Unites – Btu/h		
Air-Cond. Units-Hp Ea.		
Refrigeration Units-Hp Ea.		
Boilers – Hp Ea.		
Air Handling Unit - C.F.M.		
Evaporative Coolers		
Ventilation Fan		
Range Hood		
Incinerator		
Clothes Dryers		
Gas Line		
Water Heater		
Miscellaneous Fixtures		
Issue Fee		
	Total Fee	

Signature of the Contractor, or his representative making application: _____

Signature of City of La Vista Permit Clerk: _____

Building Inspectors Validation: _____ Dated _____