City of La Vista Community Development

8116 Park View Blvd La Vista, NE 68128 P: (402) 593-6400 F: (402) 593-6445 CityofLaVista.org

RESIDENTIAL BUILDING PERMIT APPLICATION



FOR PLANS EXAMINATION AND BUILDING PERMIT

I. **LOCATION OF BUILDING AND PERMITS REQUIRED** Project Address: _____Zoning District______ _____ Lot # _____ Lot Size _____ Subdivision Is this a rental property? Yes No Applicant (Full Address) (Print Name) Permit Check √ Number Date Fee Paid Name of Sub-Contractor **Building Permit** Electrical Curb Cut/Approach Sidewalk Sewer Hook Up Plumbing Mechanical Other Certificate of Occupancy XXXXXXXXXXXXXXXX **TOTAL PAID IDENTIFICATION** (to be completed by ALL APPLICANTS) II. Owner or Lessee Address Number and Street City State Zip Phone Contractor _____ Address Number and Street City State Zip Phone Architect or Engineer Address City State Zip I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application. I agree to conform to all applicable laws of this jurisdiction. As this permit application pertains to new construction, the undersigned also hereby gives permission to the building inspector and his/her lawfully appointed assistant(s) for entry upon the premises described above for the purpose of monitoring the construction for which the building permit was granted. Furthermore, the undersigned grants rights of entry to the property to representatives of the Sarpy County Assessor's Office for the purpose of obtaining information necessary to determine the proper valuation of the premises for property tax purposes. Complete Address/City/State/Zip Signature of Applicant Date Reviewed by _____ ______ Approval Date _____

Building Inspector

III. <u>DESCRIPTION</u>

Α.	Type of Improvement		Size of Structure	
1.	New building		l ength	Width
	Addition			
3	Improvement		Square Footage _	
4	Repair – Replacement			
_				
	<u>Ownership</u>	_		
	Private (Individual, Corporatio			
6	Public (Federal, State, Local or	r Other Political S	Subdivisions)	
~ ,	- ·			
<u>C. ı</u>	Cost			
フ \	Your Cost of Material for Construction*	ď		
<i>1</i> .	*(If not provided the cost will be figured by the		 tional Building Standard	ls Valuation Data Sheet 4-98)
	To Be Installed (but Not included in the	a shove cost).		
	a. Electrical – without labor			
	a. Electrical Without 1835.	¥		
	b. Plumbing – without labor	\$		
	3	<u> </u>		
	c. Mechanical- without labor	\$		
8. 7	TOTAL COST OF IMPROVEMENT	\$		
	D. Proposed Use (If this is an Addition, E	atar Pranasad III	an in D 14 Other)	
	D. Proposed use (II tills is all Addition, Li	nter Proposed o.	Se in D-14, Outer,	
	9 One Family			
	10 Two or More Family		Enter # of Units _	
	11 Transient Hotel, Motel			
	12 Garage	,, -:		
	13 Carport			
	14 Other, specify: (Family	/ Room, Bedroom	ո, Basement, Etc.)	
_				

IV. SELECTED CHARACTERISTICS OF BUILDING

For New Buildings and Additions, complete items E-K below:

E. Principal Type of Frame Masonry (Load Bearing) Wood Frame Structural Steel Reinforced Concrete Other, specify	F. Principal Type of Heating Gas Oil Electricity Coal Other, specify			
G. Type of Sewage Disposal H. Type of Water Supply				
Public or Private Company	Public or Private Company			
Private (Septic Tank, etc.)	Private (Well, cistern)			
I. <u>Type of Mechanical</u>				
Will there be Air-conditioning? Will there be an Elevator?	_ Yes No _ Yes No			
J. Number of Off-Street Parking Spaces				
Enclosed	Outdoors			
K. Residential Buildings Only:				
# of Bedrooms :				
# of Bathrooms:FullThree Quarters HalfBasement Rough In				
V. PLAN REVIEW RECORD (For Bu	uilding Inspector's Use Only)			
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Plan Review Required	Date Application	Received By	Approval Date
	Rec'd		
Building			
Plumbing			
Electrical			
Other			

VII. ZONING PLAN NOTES

Site Zoned for:	
Use:	
Front Yard Setbacks:	
Side Yard Setback:	
Rear Yard Setback:	
Variance Required: Yes No Description:	