

**City of La Vista**  
Community Development  
8116 Park View Blvd  
La Vista, NE 68128  
P: (402) 593-6400  
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CityofLaVista.org

# UTILITY INSTALLATION PERMIT APPLICATION



Date of Application: \_\_\_\_\_

## **Applicant Contact Information**

Applicant Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Primary Contact Information (if different than above)**

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **Proposed Site Location (For projects involving multiple locations, please attach a complete list)**

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Nearest Major Intersection: \_\_\_\_\_

## **Project Information**

Type of Installation: \_\_\_\_\_

Occupancy Agreement: \_\_\_\_\_ (Yes or No)      Franchise Agreement: \_\_\_\_\_ (Yes or No)

Installing Contractor: \_\_\_\_\_ Contractor's City of La Vista Lic. No. \_\_\_\_\_

Is Pavement/Sidewalk Cut Required? \_\_\_\_\_ (Yes or No) If Yes, answer the following:

Size of Pavement Cut(s): \_\_\_\_\_ (or show on plans)

Type of Backfill to be Used: \_\_\_\_\_

Resurfacing Material: \_\_\_\_\_

Reason for Proposed Construction:

## **Attachments**

In addition to this application, please provide the following:

- Plans for the proposed installation including precise locations of work.
- A detailed proposed work/installation schedule including start date, construction work hours, duration, etc.
- Application fee (if applicable).

## **Applicant's Signature**

I attest to the best of my knowledge and belief that the information stated in this application and in all supporting plans and documents is true and accurate. I agree to conform to all applicable laws, statutes, ordinances, and codes of this jurisdiction, and I understand that I shall not start any of the proposed work until a permit has been approved by the City of La Vista and the associated fees have been paid. I understand that the City of La Vista retains the right to request additional information for consideration in the review of this permit request.

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(Signature of Applicant)

(Date)

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## **Office Use Only**

Received By	Date Received	Zoning at Site(s)	Permit Fee

Approved Condition(s): \_\_\_\_\_

Disapproved Reason(s): \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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## **To Be Filled Out by Inspector**

Pavement Cut: \_\_\_\_\_ (List size or note on plans)

Backfill: \_\_\_\_\_ (State type and/or compaction spec)

Pavement Replacement: \_\_\_\_\_ (State type of material used)

Sidewalk Replacement: \_\_\_\_\_ (State type of material used)

Final Inspection Date: \_\_\_\_\_ Replacement Approved: \_\_\_\_\_ (Yes or No)

Inspector Name: \_\_\_\_\_ (Printed)

Notes: \_\_\_\_\_