

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:

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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.

(Signature of Applicant)

(Date)

Office Use Only

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

☐ Approved Condition(s): _____

☐ Disapproved Reason(s): _____

By: _____ Date: _____

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: _____