



ELECTRICAL PERMIT APPLICATION

CITY OF LA VISTA
 8116 Park View Blvd, La Vista, NE 68128
 PH: 402-331-4343 Fax:402-331-4375
www.cityoflavista.org

Date of Application: _____ Permit Number: _____

Project Location: _____

Lot # _____ Subdivision: _____

Owner of above location: _____

Kind of building: _____ Used As: _____

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

Circle One: **NEW** **ALTERATION** **REPAIR** **ADDITION**

Contractors Name: _____

Contractors Address: _____ City: _____
 State: _____ Zip: _____

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.

Item	Number	Fee
Ceiling Outlets		
Switches		
Plug Receptacles		
Total Outlets		
Air Heaters		
Ranges		
Signs		
Water Heater		
Lighting Circ.		
Other circ.		
Total Circuits		
Motors		
Panel Size		
Range cond.		
Sub Feeder Size		
Issue Fee		
	Total Fee	

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

Signature of City of La Vista Permit Clerk: _____

Validation of Building Inspector: _____ Dated: _____