

**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 \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Lot Size \_\_\_\_\_

Is this a rental property?    Yes    No

Applicant \_\_\_\_\_

(Print Name)

(Full Address)

Permit	Check <input type="checkbox"/>	Number	Date	Fee Paid	Name of Sub-Contractor
Building Permit					
Electrical					
Curb Cut/Approach					
Sidewalk					
Sewer Hook Up					
Plumbing					
Mechanical					
Other					
Certificate of Occupancy					XXXXXXXXXXXXXXXXXXXX
<b>TOTAL PAID</b>					

### II. IDENTIFICATION (to be completed by ALL APPLICANTS)

Owner or Lessee \_\_\_\_\_

Address \_\_\_\_\_

Number and Street

City

State

Zip

Phone

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Number and Street

City

State

Zip

Phone

Architect or Engineer \_\_\_\_\_

Address \_\_\_\_\_

Number and Street

City

State

Zip

Phone

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.

Signature of Applicant \_\_\_\_\_ Complete Address/City/State/Zip \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Approval Date \_\_\_\_\_

Building Inspector

**III. DESCRIPTION**

A. Type of Improvement

Size of Structure

- 1. \_\_\_\_\_ New building
- 2. \_\_\_\_\_ Addition
- 3. \_\_\_\_\_ Improvement
- 4. \_\_\_\_\_ Repair - Replacement

Length \_\_\_\_\_ Width \_\_\_\_\_  
Square Footage \_\_\_\_\_

---

B. Ownership

- 5. \_\_\_\_\_ Private (Individual, Corporation, Non-Profit Institution, Etc.)
- 6. \_\_\_\_\_ Public (Federal, State, Local or Other Political Subdivisions)

---

C. Cost

7. Your Cost of Material for Construction\* \$ \_\_\_\_\_

\*(If not provided the cost will be figured by the City using the National Building Standards Valuation Data Sheet 4-98)

To Be Installed (but Not included in the above cost):

- a. Electrical - without labor \$ \_\_\_\_\_
- b. Plumbing - without labor \$ \_\_\_\_\_
- c. Mechanical- without labor \$ \_\_\_\_\_

8. TOTAL COST OF IMPROVEMENT \$ \_\_\_\_\_

---

D. Proposed Use (If this is an Addition, Enter Proposed Use in D-14, Other)

- 9. \_\_\_\_\_ One Family
- 10. \_\_\_\_\_ Two or More Family .....Enter # of Units \_\_\_\_\_
- 11. \_\_\_\_\_ Transient Hotel, Motel, or Dormitory.....Enter # of Units \_\_\_\_\_
- 12. \_\_\_\_\_ Garage
- 13. \_\_\_\_\_ Carport
- 14. \_\_\_\_\_ Other, specify: (Family Room, Bedroom, 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**

- \_\_\_\_\_ Public or Private Company
- \_\_\_\_\_ Private (Septic Tank, etc.)

**H. Type of Water Supply**

- \_\_\_\_\_ Public or Private Company
- \_\_\_\_\_ Private (Well, cistern)

**I. Type of Mechanical**

- Will there be Air-conditioning?    \_\_\_ Yes    \_\_\_ No
- Will there be an Elevator?        \_\_\_ Yes    \_\_\_ No

**J. Number of Off-Street Parking Spaces**

Enclosed \_\_\_\_\_                      Outdoors \_\_\_\_\_

**K. Residential Buildings Only:**

- # of Bedrooms : \_\_\_\_\_
- # of Bathrooms: \_\_\_\_\_ Full    \_\_\_\_\_ Three Quarters
- \_\_\_\_\_ Half    \_\_\_\_\_ Basement Rough In

**V. PLAN REVIEW RECORD (For Building Inspector's Use Only)**

Plan Review Required	Date Application Rec'd	Received By	Approval Date
Building			
Plumbing			
Electrical			
Other			

**VII. ZONING PLAN NOTES**

Site Zoned for: \_\_\_\_\_

Use: \_\_\_\_\_

Front Yard Setbacks: \_\_\_\_\_

Side Yard Setback: \_\_\_\_\_ Side Yard Setback: \_\_\_\_\_

Rear Yard Setback: \_\_\_\_\_

Variance Required:     Yes     No

Description: