

City of La Vista
Community Development
8116 Park View Blvd
La Vista, NE 68128
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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 checked="" 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
TOTAL PAID					

II. IDENTIFICATION (to be completed by ALL APPLICANTS)

Owner or Lessee _____ E-mail Address: _____

Address _____
Number and Street _____ City _____ State _____ Zip _____ Phone _____

Contractor _____ E-mail Address: _____

Address _____
Number and Street _____ City _____ State _____ Zip _____ Phone _____

Architect or Engineer _____ E-mail Address: _____

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 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

1. _____ New building
2. _____ Addition
3. _____ Improvement
4. _____ Repair – Replacement

Size of Structure

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 FamilyEnter # 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 MechanicalWill there be Air-conditioning? Yes NoWill there be an Elevator? Yes NoJ. 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:

*Plans may be required to be stamped by a registered/licensed design professional and/or additional information may be required at the sole discretion of the Chief Building Official.