

**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 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
<b>TOTAL PAID</b>					

### **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      \$ \_\_\_\_\_

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#### 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 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.