

_____ Dir. _____ Street Name _____

Bldg # _____ Floor # _____ Unit/Apt # _____

Owner Name _____

Wk Phone _____ Hm Phone # _____

Owner Address City/State/Zip _____

Tenant Name (if other than Owner) _____ () _____
Tenant Phone # _____

Contractor Name _____ () _____
Phone # _____

Mailing Address City/State/Zip _____

APPLICATION

for Mechanical/Gas Piping Permit
BUILDING & SAFETY DEPT

CITY OF LINCOLN
NEBRASKA
lincoln.ne.gov

Permit # M _____

County Permit # _____

Building Permit # B _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all state laws and the Lincoln Municipal Code:

- Gas Piping--Section 24.05;**
- Mechanical--Section 25.06;**
- Mechanical Fuel Gas Code--Section 25.12;**
- Hydronics -- Section 24.08**

and hereby authorize the City's representative to enter upon the above-mentioned property for inspection purposes.

I, the undersigned, hereby make application for the following:
Heating/Cooling/Ventilating/Gas Piping

Check Appropriate Boxes:

CITY OF LINCOLN LANCASTER COUNTY (Beyond 3-Mile Limit)

Residential Commercial

New Replacement Remodel

24-hr. Inspection Line: 402-441-5999 *(before 7:30 AM for same business day inspection)*

INSPECTION: Ready Date _____ - _____ - _____

Access _____

Permit Expiration: This permit shall expire and become null and void if the work authorized by this permit is not commenced within 120 days from the date of this permit, or work authorized by this permit is suspended or abandoned at any time after the work is commenced for a period of 180 days. A new permit shall be obtained before work can be recommenced.

X _____ Date _____

Applicant Signature _____ Date _____

	#	\$ Fee ea.	Total
Furnace: Electric	<input type="checkbox"/>	\$35	_____
Brand: Gas	<input type="checkbox"/>	\$40	_____
Cooling Equipment: Air Conditioner	<input type="checkbox"/>	\$35	_____
Brand: Heat Pump	<input type="checkbox"/>	\$35	_____
Roof Top Heating / Cooling _____		\$60	_____
Brand: _____			
Air Handling Unit: Brand: _____		\$30	_____
Electrical Contractor: _____			
Residential Kitchen Exhaust Hood & Duct _____ CFM		\$25	_____
Bath/Restroom Exhaust & Duct _____ CFM		\$10	_____
Clothes Dryer Vent		\$10	_____
Vent/Chimney Liner for Fuel Burning Appliance.....		\$25	_____
Alteration of Existing Duct Work.....		\$25	_____
Decorative Gas Fireplace/Log Set		\$60	_____
Underground Ductwork (per system).....		\$30	_____
Ventilation System (separate from Htg/Cool Sys).....		\$30	_____
New Duct Work: 1-20 systems		\$20	_____
Each Additional System \$1.00 each		\$1	_____
Type II Hood _____ CFM		\$50	_____
Make-up Air System _____ CFM		\$50	_____
Heat Recovery System _____ CFM		\$30	_____
Paint Booth _____ CFM		\$90	_____
Fume Hood Exhaust _____ CFM		\$60	_____
Mixing/VAV Boxes _____		\$15	_____
Unit Heater/Infrared Pipe Heating Sys. (Comm. only) _____		\$30	_____
Type I Hood including Ducts (Comm. only) _____ CFM		\$300	_____
SUBTOTAL			(Minimum Fee \$35.00)

	#	\$ Fee ea.	Total
REFRIGERATION			
Remote Condensing Units Greater than 5 tons		\$25	_____
Refrigeration Systems:5-25 tons		\$25	_____
.....26-50 tons		\$35	_____
.....51-75 tons		\$40	_____
.....76 tons and larger		\$50	_____
HYDRONICS			
Boiler Piping, less than 200,000 BTU		\$35	_____
Each additional 120,000 BTU		\$10	_____
Fluid Cooler Piping, less than 20 tons		\$30	_____
Each additional 10 tons		\$10	_____
Heat Pump and Fan Coil		\$25	_____
Heating, Chilled, and Condenser Piping		\$10	_____
Heat Pump, Heat Recovery Piping		\$10	_____
Radiant Panel and Coil Piping		\$10	_____
GAS PIPING			
<i>Each Gas Appliance, New or Replacement, Requires a Gas Piping Permit.</i>			
New Construction (1-5 outlets).....		\$25	_____
Each Additional Outlet		\$1	_____
Gas Piping Replacement Appliance		\$6	_____
Gas Piping: <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration		\$15	_____
Minimum Fee With No Other Permit \$35.00			
WORK DONE BEYOND LINCOLN CITY LIMITS			
From 3 miles to 8 miles beyond ADD		\$15	_____
Beyond 8 miles ADD		\$30	_____
TOTAL FEE			

HOMEOWNERS AFFADAVIT FOR MECHANICAL / ELECTRICAL / PLUMBING



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BUILDING & SAFETY DEPARTMENT
555 S. 10th St., Suite 203, Lincoln, NE 68508
P: 402-441-7521

_____, being first duly sworn, says that:
NAME: (Please TYPE OR PRINT) FIRST -- M.I. -- LAST

1. I am the owner of the single-family dwelling located at: _____
House # Street Direction Street Name Street Type Suffix

2. **ELECTRICAL:** I am the owner of and currently occupy as my principal residence the detached single-family dwelling located at the above listed address. **MECHANICAL AND PLUMBING:** I presently reside in the single-family dwelling, OR will reside there after construction is completed.

3. This house is not being prepared for sale, and is not AND will not be used as a rental property.

4. I will install and connect the following installation for myself, without compensation or pay from, or to, any other person.

Electrical Wiring
 Plumbing

Gas Piping
 Heating / Ventilation / Cooling

5. I have submitted detailed plans of the proposed installation, as required by the Electrical Section, Plumbing Section, or Mechanical Section, to the DEPT OF BUILDING & SAFETY.

Electrical
 Plumbing

Gas Piping
 Heating / Ventilation / Cooling

6. I have sufficient knowledge of the applicable Lincoln Municipal Codes:

CHAPTER 24.05 [GAS PIPING],
 CHAPTER 25.06 [MECHANICAL CODE],

CHAPTER 23.10 [ELECTRICAL CODE], AND/OR
 CHAPTER 24.12 [PLUMBING CODE],

OF THE LINCOLN MUNICIPAL CODE, to satisfactorily complete the project.

7. I am aware the project for which a Permit is issued must be inspected **BEFORE** any work is concealed; **AND** also must be inspected when the installation of the work is completed. I will call the DEPT OF BUILDING & SAFETY 24-hr Inspection Line (402) 441-5999 before 7:30 am for same business day inspection and request the required inspections with the following information:

- Permit # AND [House #, Street Name, & Type of Street],
- Date you want the inspection, (AM or PM, if necessary), and
- Access instructions (if necessary, contact an inspector between 8:00 and 8:45 AM with any special information).

If I have any questions I will call the THE DEPARTMENT OF BUILDING & SAFETY at 402.441.7521.

8. I am aware that all Plumbing and Mechanical **PERMITS are valid for 120 days from issuance and Electrical permits are valid for 90 days from the date of issuance, unless I request an extension.**

9. I am aware that failure to submit satisfactory information or violating the above statements is sufficient grounds to void a Permit already issued or to refuse issuance of an Electrical / Plumbing / Heating / Ventilation / Cooling / Gas Piping Permit to a homeowner.

10. I am aware that **NON COMPLIANCE** may result in a re-inspection fee.

_____-_____-_____
Date of Application (_____-_____-_____)_____-_____-_____
Home Phone #

Signature of Homeowner

(_____-_____-_____)_____-_____-_____
Daytime Phone #