

TYPE OF PERMIT	#	\$ FEE EA.	TOTAL
Sanitary Sewer			
<input type="checkbox"/> New Sanitary Sewer Connection <input type="checkbox"/> Replace <input type="checkbox"/> Repair			
4-inch <i>Each 100' or fraction thereof</i>		\$25	
Greater than 4-inch <i>Each 100' or fraction thereof</i>		\$50	
Man Holes		\$75	
Private Water			
Up to 1-inch <i>Each 100' or fraction thereof</i>		\$25	
Greater than 1-inch <i>Each 100' or fraction thereof</i>		\$50	
Each water tap on private water main		\$20	
Storm Sewer <i>Each 100' or fraction thereof</i>		\$50	
Water Heater: <input type="checkbox"/> Electric <input type="checkbox"/> Gas		\$8	
Underground Lawn Sprinkler, 1" and under			
Vacuum Breaker		\$8	
Water Conditioning Equipment		\$10	
Drinking Fountain		\$8	
Water Closet/Urinal		\$8	
Lavatory		\$8	
Bathtub		\$8	
Sink		\$8	
<input type="checkbox"/> Floor Drain <input type="checkbox"/> Roof Drain		\$8	
Automatic Washer		\$8	
Shower		\$8	
Dishwasher		\$8	
Garbage Disposal		\$8	
Laundry Tub		\$8	
Decorative Gas Log		\$40	
Change location of plumbing fixture		\$8	
Repair storm/sanitary sewer outside of building		\$10	
Grease Trap		\$8	
New Water / Waste Piping		\$8	
New Residential Sump Pump Piping		\$8	
Miscellaneous Items See schedule on page 2			
Minimum Plumbing Fee		\$35.00	
PLUMBING SUBTOTAL			
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		\$35	
PLUMBING / GAS PIPING SUBTOTAL			
HYDRONICS			
Boilers less than 200,000 BTU		\$35	
Fluid Cooler Piping, less than 20 tons		\$30	
Each additional 10 tons		\$10	
Heat Pump and Fan Coil		\$25	
Heating, Chilled, and Condenser Piping <i>per 100 Ft</i>		\$10	
Heat Pump, Heat Recovery Piping <i>per 100 Ft</i>		\$10	
Radiant Panel and Coil Piping <i>per 1,000 Ft</i>		\$10	
MEDICAL GAS			
First 10 Openings		\$100	
Each Additional Opening		\$10	

APPLICATION

for Plumbing/Gas Piping/Excavation Permit
BUILDING & SAFETY DEPT



Permit # P _____
PC _____
EX _____

#	Street Name	Type	Suffix	Bldg. #	Floor #	Apt. Unit #
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Check Appropriate Boxes:
 CITY OF LINCOLN LANCASTER COUNTY (Beyond 3-Mile Limit)
 Residential Commercial
 New Replacement Remodel

Lawn Sprinkler Contractor _____
Plumbing Contractor _____
Building Permit # B _____

Owner Name _____ (_____) Phone No. _____
Owner Address City/State/Zip _____
Tenant Name (if other than Owner) _____ (_____) Tenant Phone # _____

INSPECTION REQUEST: RI GW FINAL
Call Before 12:00 p.m. for Next Business Day Inspection
24-HOUR INSPECTION LINE: 402-441-5999

Ready Date _____ - _____ - _____ AM PM
Access _____

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;
Plumbing & Excavation--Section 24.12;
Hydronics --Section 24.08
and hereby authorize the City's representative to enter upon the above-mentioned property for inspection purposes.

Contractor (print or type) _____ (_____) Phone No. _____
Mailing Address City/State/Zip _____

Applicant Signature: _____
Date: _____

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.

WORK DONE BEYOND LINCOLN CITY LIMITS	
From 3 miles to 8 miles beyond	ADD _____ \$15 _____
Beyond 8 miles	ADD _____ \$30 _____
Reinspection Fee	_____ \$35 _____

SINGLE PLUMBING FIXTURE	
Single Plumbing Fixture Replacement	_____ \$15 _____

EXCAVATION	
Excavation: <input type="checkbox"/> Street <input type="checkbox"/> Parking <input type="checkbox"/> Alley	_____ \$15 _____

TOTAL FEE

PERMIT FEES

Underground Irrigation Systems

The issuance of a permit for the installation of an underground irrigation system wholly or partly in the public right-of-way shall be granted as a privilege

Size of Backflow Device (for lawn sprinklers only)	\$/Device
One inch and smaller	\$25
One & one-fourth and one & one-half inch	\$50
Two inch	\$60
Three inch or larger	\$100
Additions to existing systems	\$12

Miscellaneous Plumbing Fees

For each indirect waste connection Applies to appliance device or apparatus not classed as a plumbing fixture but which has drip or drainage outlets	\$8
For each domestic water supply connection to any boiler	\$8
For change in location or alternation of any existing water, building sewer, drainage or vent piping, inside a building	\$10
For each industrial waste pretreated interceptor, including its trap and vent, except kitchen-type grease interceptors functioning as plumbing fixture traps	\$10
For each automobile garage-type mud trap and sand trap or basin for car wash establishments	\$8
For each mobile home unit or trailer unit sanitary sewer riser connection or water service riser connection to or from the mobile home court or trailer court sewer system	\$15
Each exhauster vacuum pump of an infrared iron pipe heating system	\$35

NOTE: A plumbing fixture shall be construed as any unit which has waste and/or water connections. A combination shower over a tub shall be construed as one plumbing fixture.

HOMEOWNERS AFFADAVIT FOR MECHANICAL / ELECTRICAL / PLUMBING



lincoln.ne.gov

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 #