

# Street Use Permit Application

Permit # \_\_\_\_\_

BUILDING & SAFETY DEPARTMENT - CITY OF LINCOLN  
 Building Services Division  
 555 S. 10th Street, Suite 203, Lincoln, NE 68508-3995  
 402-441-7882 • FAX 402-441-8214

Street Use Address	Lot    Block    Addition	
Nature of Use		
Applicant Name (Contractor)	Email Address	
Applicant Address	Mobile/Cell Phone #	Phone #

<b>Sidewalk Space:</b>	Number of Days _____ *	From: _____	To: _____
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		

<b>Street Use:</b>	Number of Days _____ *	From: _____	To: _____
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		

<b>Alley Use:</b>	Number of Days _____ *	From: _____	To: _____
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		

<b>Non-Metered Parking:</b>	Number of Days _____ *	From: _____	To: _____
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		
_____ Ft. X _____ Ft. = _____	Sq. Ft. = \$ _____		

<b>Meter Head Removal:</b>	Number _____ X \$50 = \$ _____
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\* Includes Weekends & Holidays

BOND       INSURANCE      **TOTAL FEE \$** \_\_\_\_\_

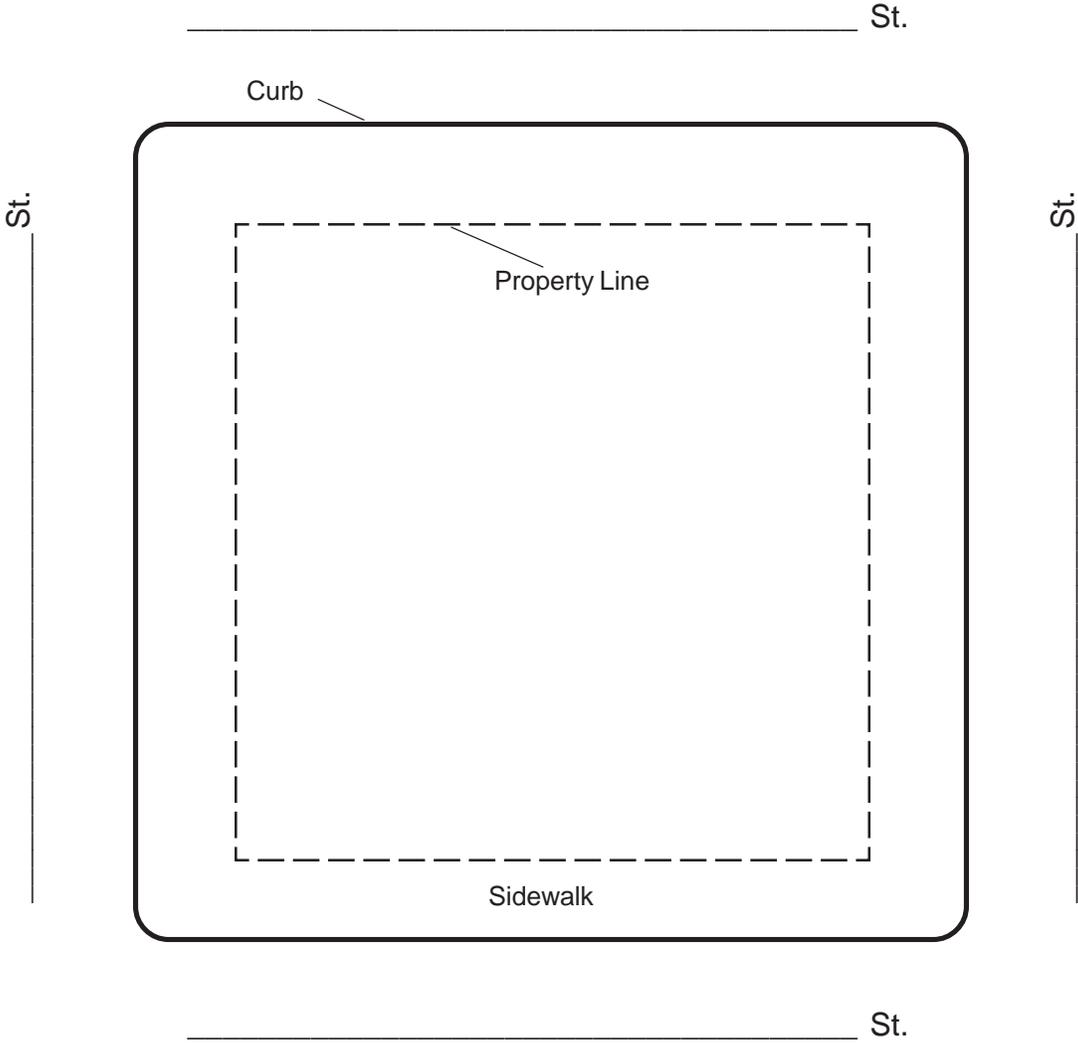
The permittee hereby agrees to comply with the requirements of the Lincoln Municipal Code Chapter 14.29 and all special requirements as outlined in the Street Use Application and hereby agrees and authorizes the City of Lincoln to use said money to save and keep the City of Lincoln free and harmless from any and all loss or damages or claims for damages arising from or out of use of the public space requested and for the full and complete protection of the City of Lincoln against any and all litigation growing out of such permit or anything done under such permit.

Print Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

# Street Use Permit Application



**PLEASE PRINT**

Contractor \_\_\_\_\_

Sidewalk \_\_\_\_\_ Date \_\_\_\_\_

Phone No. \_\_\_\_\_

Traffic \_\_\_\_\_ Date \_\_\_\_\_

Contractor  
Signature \_\_\_\_\_

Building  
& Safety \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_