



PLEASE ALLOW A MINIMUM OF SEVEN
BUSINESS DAYS FOR PROCESSING.

City of Nebraska City

1409 Central Avenue
Nebraska City, NE 68410-2223 FAX (402) 873-5685

Phone: (402) 873-6509 Building

HOME OF ARBOR DAY
Inspector

DEMOLITION PERMIT APPLICATION

Date: _____ Permit No: _____

Location of Demolition: _____

Legal Description: _____

Company: _____ Property Owner: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Zoning District: _____ Size of Building L _____ W _____ H _____ Square Ft: _____

Building Use: _____ Basement: yes _____ no _____

Insurance Policy Number (\$1,000,000 minimum) _____

Additional Information: _____

I hereby affirm the correctness of the above data and further, that I will abide and certify that my subcontractors will abide by the applicable building code of the city.

****Demolition must be completed within 60 days of issuance to make permit valid.****

Printed Name of Applicant

Signature of Applicant

*****Required before Demolition begins*****

Date Utilities (Water, Sanitary Sewer, Natural Gas, Electrical) Disconnected: _____

NC Utilities Representative

Building Inspector

City Clerk

Residential Building	\$50.00
Residential Accessory Building	\$25.00
Business/Commercial Building	\$100.00
(Fees double if demolition started prior to obtaining a permit)	

Permit Fee: _____

PLEASE MAKE CHECKS PAYABLE TO: CITY OF NEBRASKA CITY

Comments:

(402) 873-6509 **Please notify our office 24 Hours in advance for inspections checked – Thank you** (402) 873-6509

CHECKLIST FOR INSPECTIONS:

- ____ Application, Proof of Insurance, and Payment
- ____ Utilities Disconnected and Signature
- ____ **Asbestos Inspection** (Commercial Buildings)
- ____ Final Inspection