



City of Nebraska City

1409 Central Avenue

Nebraska City, NE 68410

Phone: (402) 873-5515 Fax: (402) 873-5685

Vacant Commercial Building Registration Form

Date: _____

Registration / Inspection Fee: \$50.00

Property Owner Name: _____

Property Address: _____ Phone: _____

Legal Description: _____

Contact Person: _____ Phone: _____

Contact Person Address: _____

Current Use of Building: _____

I hereby certify that I have received a copy of the Vacant Building Ordinance and I understand the responsibilities that I have as a Vacant Building Owner. I also understand and agree to have my Vacant Commercial Building inspected by the Building Inspector as part of this registration form.

Applicant's Signature

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FOR OFFICE USE:

Date Registration Form Received: _____ Receipt # _____

Date of Initial Inspection: _____ Completed by: _____

Comments: _____
