



**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: \_\_\_\_\_

\_\_\_\_\_