



Application for CERTIFICATE OF COMPLIANCE

Date Stamp

Housing Preservation & Apartment Licensing – City of Lincoln

555 S 10th St., Suite 203 • Lincoln, NE 68508-3995

Phone No. 402-441-7785 • Fax No. 402-441-8214 • 24-Hour Inspection Line 402-441-8213

Proposed Closing Date: _____

Address of Building Being Sold:

Legal Description: _____

*Seller(s): _____

Buyer(s): _____

Address : _____

Address: _____

Apt/Suite#: _____

Apt/Suite#: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Contact Person: _____
If other than Seller

Contact Person: _____
If other than Buyer

Work: _____

Work: _____

Home: _____

Home: _____

Cell: _____

Cell: _____

Fax: _____

Fax: _____

*The COC fee is \$90.00 per building for **the first 3 units** and \$12.00/unit for each additional unit.

Total # of Units: _____	1 st 3 Units	90.00
	(- 3) = ___ x 12.00	+ _____ .00
TOTAL FEE		\$ _____ .00

*The application may be mailed or delivered in person and the COC fee **must be included** with this application.

Seller (mandatory): _____ Date: _____

Buyer: _____ Date: _____

- Office Use Only -

COC# _____ Old AP# _____ Date Opened _____ New AP# _____

Date Fee Paid _____ Inspection Day of Week: _____, Date: ___ - ___ - ___ Time: ___ : ___ am pm

Date Copies Made _____ By _____ Housing Approved By _____ Date: _____

COC expires 90 days from issuance Fire Approved By _____ Date: _____