

OC Number: _____
Building Permit Number: _____

Fee: _____

**Application for A
Change of Occupancy**

Building Service (402) 441-7521 Fax (402) 441-8214 Internet Address www.ci.lincoln.ne.us
DEPARTMENT OF BUILDING AND SAFETY, 555 S. 10th St, Lincoln, NE 68508-2803
City-County Building, Rm 203

Street Address _____ Suite _____

Lot _____ Block _____

Subdivision Name _____

Owner _____ Contractor _____

Architect or Engineer _____

Occupancy Group _____ Type of Construction _____

Describe the nature of the change in use: _____

Mail Certificate To: _____



The undersigned hereby applies for a Certificate of Occupancy to comply with Chapter 20 & 27 of the LMC and Article 20 of the Lancaster County Code.

Applicant's Name _____ Phone Number: _____

Signature _____ Date _____

Official Use Only

Plan Review/Field Inspection Date:

Bldg: _____ Htg: _____ Sdwlk: _____ F.P.: _____
 Fire: _____ Str: _____ Screen: _____ Housing: _____
 Elec: _____ Eng: _____ SpecP: _____
 Plbg: _____ Util: _____ Health: _____

Occupancy Approved By _____ Date: _____

(Building Official)