



# Application for CERTIFICATE OF COMPLIANCE

Date Stamp

Housing Preservation & Apartment Licensing – City of Lincoln

555 S 10<sup>th</sup> St., Suite 203 • Lincoln, NE 68508-3995

Phone No. 402-441-7785 • Fax No. 402-441-8214 • 24-Hour Inspection Line 402-441-5999

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	1 <sup>st</sup> 3 Units	90.00
# of Units: _____	(- 3) = ___ x 12.00	+ _____ .00
	<b>TOTAL FEE</b>	<b>\$ _____ .00</b>

\*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: ____ : ____ <input type="checkbox"/> am <input type="checkbox"/> pm
Date Copies Made _____	By _____	Housing Approved By _____	Date: _____
COC expires 90 days from issuance	Fire Approved By _____	Date: _____	