



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 402-441-5999

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 st 3 Units	90.00
# of Units: _____	(- 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: ____ : ____ <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: _____	