

# Application for a Certificate of Occupancy

City of Alliance  
P.O. Box D – 324 Laramie Avenue  
Alliance, NE 69301  
308-762-5400/ FAX 308-762-7848



Application #: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Applicants Business: \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_

Current or Previous Occupancy Classification: \_\_\_\_\_

Proposed Occupancy Classification: \_\_\_\_\_

(If the occupancy classification and group remain the same, a new Certificate of Occupancy is not required)

Associated Building Permit Number (If Applicable): \_\_\_\_\_

Final Inspection Date: \_\_\_\_\_

Final Inspections Conducted By:

Building Inspector:  State Electrical Inspector:  State Health Inspector:

Special Inspections:  State Fire Marshal:  Zoning Administrator:

Reason for New Certificate of Occupancy:

New Building:  Change of Occupancy Classification:  Occupant Load Change:

Conditional/Temporary:  Lost Previous One:  Restart Prior Use after 12 Months of Inactivity:

Application Fee: \$ 25.00 (Fee will be waived if the associated Building Permit fee was over \$25.00)

Payment Method: Cash / Check / Bill Bill To: \_\_\_\_\_

I hereby acknowledge that I have read this application and state that the information provided is correct. I agree to comply with all applicable laws and regulations of the City of Alliance and the State of Nebraska. Making incorrect or false statements on this application may result in the revocation of any Certificate of Occupant issued under such conditions in addition to any fines and possible imprisonment for violating Code.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature (If Different than Owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date