



308-324-2341 ♦ Fax: 308-324-4590 ♦ www.cityoflex.com
406 East 7th Street ♦ P.O. Box 70 ♦ Lexington, Nebraska 68850-0070

Certificate of Occupancy Application

Business Name: _____ Date: _____

Business Address: _____

Owner/Tenant Name: _____

Owner/Tenant Address: _____

Phone: _____ E-mail address: _____

Description of the proposed business (MUST BE IN DETAIL): _____

This application for Certificate of Occupancy must be accompanied with a detailed floor plan of the main structure and site plan showing both existing and proposed structures. Any other information required to enable the City Staff to determine if the plan complies with zoning and building regulations must be submitted for approval.

If the application is denied, the Building Official will provide a plan review detailing the requirements for approval.

Signature of Applicant: _____

Signature of Building Official upon approval: _____ Date: _____