



BUILDING DEPARTMENT
420 W. MARKET STREET - ALBION, NE 68620

Building Department
420 W Market St.
Albion, NE 68620
402-395-2428
www.albionne.com

2024 CITY OF ALBION CONTRACTOR REGISTRATION

APPLICANT NAME: _____ COMPANY OWNER: _____

MAILING ADDRESS: _____ PHONE/FAX: _____

CITY/STATE/ZIP: _____ EMAIL: _____

This is: ☐ an Original Application; ☐ a Renewal Application. (Please check one)


MARK CONSTRUCTION CATEGORY

- ☐ **GENERAL CONTRACTOR**
- ☐ **SIDING & ROOFING CONTRACTOR**
- ☐ **FOUNDATION CONTRACTOR**
- ☐ **OTHER** _____

Application/Renewal Checklist

- ☐ **\$50.00 Application Fee.**
- ☐ **Insurance Certificate – General Liability of at least \$500,000 per incident.**
- ☐ **Workers Compensation – Proof of Insurance, or Proof of Exemption from Nebraska Department of Labor.**
- ☐ **Signed Acknowledgement by applicant or authorized representative (below).**

I, _____, hereby acknowledge that I, and/or the organization which I represent, 1) shall be governed in all respects by the Albion City Code - Chapter 8 – Buildings and Building Regulations, which is available for inspection at City Hall, and; 2) shall be subject to the supervision of the Albion Code Official and Building Inspector; and, 3) shall be required and bear the responsibility to schedule inspections of my/our work by the Building Inspector. It is further acknowledged that the term of an approved registration or renewal thereof may be revoked at any time based upon written notification by the City Code Official.

PLEASE DATE
AND SIGN!  _____
DATE

SIGNATURE OF OWNER

NOT APPROVED UNLESS STAMPED APPROVED

APPLICATION REVIEWED BY

DEPUTY CODE OFFICIAL / BUILDING INSPECTOR