



**CASS COUNTY DEPT OF ZONING AND INSPECTIONS**  
**145 NORTH 4<sup>TH</sup> STREET**  
**PLATTSMOUTH, NE 68048**

Ken Riddle~ Zoning Administrator  
Phone (402) 296-9359 ~ Fax (402) 296-0604

**CONTRACTOR REGISTRATION**  
**APPLICATION FOR REGISTRATION**

**NAME** \_\_\_\_\_

**TYPE OF WORK  
PERFORMED**

**ADDRESS** \_\_\_\_\_

**1.** \_\_\_\_\_

**CITY** \_\_\_\_\_

**2.** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**3.** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Cass County Zoning Ordinance requires a check or money order for \$20.00 and one of the following to be submitted with this application:

1. A Certificate or policy of insurance written by an insurance carrier duly authorized to do business in this state which gives the effective dates of workers compensation insurance coverage indicating it is in force; or
2. A Certificate evidencing approval of self insurance privileges as provided by the Nebraska Workers Compensation Court pursuant to Nebraska Revised Statutes Section 48-145; or
3. A signed statement indicating that the contractor is not required to carry Workers Compensation Insurance pursuant to the Nebraska Workers Compensation Act.

An updated Certificate of Workmans Compensation Insurance is needed with this renewal form:

\_\_\_\_\_ Yes

\_\_\_\_\_ No