



CASS COUNTY DEPT OF ZONING AND INSPECTIONS

13860 12<sup>th</sup> St

PLATTSMOUTH, NE 68048

Michael Jensen ~ Zoning Administrator  
Phone (402) 296-9359 ~ Fax (402) 296-0604

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CONTRACTOR REGISTRATION APPLICATION

Company Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

License information(if applicable): \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please write legibly.

**\*Please note:** All field required. Payment will need to be sent into the Zoning office or dropped off along with a certificate of liability insurance (this can be faxed in directly from your insurance company).

