

SAUNDERS COUNTY PLANNING & ZONING

Contractor Registration

Date: _____

Company Name: _____

Type of Work Performed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Printed Name: _____

Signature: _____

Saunders County Board of Supervisors annually requires a current copy of liability insurance, along with a check or money order for \$25.00 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 of self insurance privileges as provided by the Nebraska Workers Compensation Court pursuant to Nebraska 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.

Make checks payable to Saunders County Zoning

Saunders County Courthouse
433 North Chestnut Suite 302
Wahoo, NE 68066

George Borreson
Zoning Administrator
Building Inspector

gborreson@co.saunders.ne.us
(402) 443-8136 Office
(402) 443-6088 Cell
(402) 443-5709 Fax
