



City of Seward

BUILDING INSPECTION DEPARTMENT

Office 402-643-2928 Opt. 3 Opt. 1
PO Box 38, 142 N 7th St. Seward, NE 68434
sara.vancura@cityofsewardne.gov

Mechanical Licensing/Renewal Form 2025

Firm: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____ Phone: _____

Email Address: _____

Insurance Agents Name: _____ Ins.Co.: _____

Address: _____ Phone: _____

Owner/Master Name: _____ Fee: \$75.00

2nd Master Name: _____ Fee: \$75.00

3rd Master Name: _____ Fee: \$75.00

Journeyman Name: _____ Fee: \$50.00

Journeyman Name: _____ Fee: \$50.00

Journeyman Name: _____ Fee: \$50.00

Journeyman Name: _____ Fee: \$50.00

Apprentice Name: _____ Fee: \$ 1.00

Apprentice Name: _____ Fee: \$ 1.00

Apprentice Name: _____ Fee: \$ 1.00

Date Sent: _____

Total Renewal Fees: _____