Lincoln-Lancaster County Health Department
Nuisance Abatement Authorization

Authorization Number ____17-20____

Location of Premises ____2919 Apple Str____

Legal Description ____Hartz & Braces Sub, Lot 39, Ex R-R____

I, as Health Director, have found that:

☒ The owner (or his/her authorized agent) of the premises stated above has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on __05/02/2017__

☐ The tenant or occupant of said premises has failed to comply with a five (5) day nuisance abatement notice served in person or via certified mail on ____/____/____.

Therefore, by virtue of the authority vested in me by Lincoln Municipal Code Chapter 8.26.030, I hereby authorize a refuse hauler to remove the offensive substances constituting a declared public nuisance existing on the premises stated above.

_____ Health Director   __5/18/17__ Date

for Charlotte Burke

By the authority granted in Nuisance Abatement Authorization No. __17-20__ issued on __5/19/17__ by the Director of the Lincoln-Lancaster County Health Department, and for a fee of $ __277.00__ to be paid by the Department, representatives of __Paragon Sanitation__ cleared the premises at __2919 Apple Street__ of the conditions constituting a public nuisance on __05/24/2017__

Licensed Refuse Hauler ____Paragon Sanitation____

Name of Hauler Representative (print) ____RYAN HATTEN____

Signature ____Ryan Hatten____

Health Department Representative ____Harry A. Heafe REHS____

Signature _____

STATE OF NEBRASKA   )
)ss.
County of Lancaster   )

Before me, a notary public qualified for said County, personally came __Nancy Clark__, known to me to be the identical persons who signed the foregoing Nuisance Abatement Authorization, and acknowledged the execution thereof to be a voluntary act and deed.

WITNESS MY HAND AND NOTARIAL SEAL THIS __18__ DAY OF __May__, __2017__

____Roni R. Olander____
NOTARY PUBLIC

Assessment Costs: $ __466.80__ (These costs are approximate and are subject to change.) *This form shall serve as notification of a pending assessment against the property.*

Return to Marcia H @ Health

White - Health Department   Pink - City Clerk   Yellow - Refuse Hauler