

PERMIT NUMBER: \_\_\_\_\_

OFFICE USE ONLY

BUILDING PERMIT NUMBER: \_\_\_\_\_



# Application for FIRE ALARM SYSTEM PERMIT

**Bureau of Fire Prevention – City of Lincoln**

555 S 10<sup>th</sup> St. Rm 203 Lincoln, NE 68508-3995, Building & Safety Website: lincoln.ne.gov  
Phone No. 402-441-7791 Fax No. 402-441-6442 24-Hour Inspection Line 402-441-8213

Job Address: \_\_\_\_\_  
# Dir Street Name Type Room/Suite Number

Business Name Where Work is Being Performed: \_\_\_\_\_

## SCHEDULE OF FEES

Number of Fire Alarm Devices: \_\_\_\_\_

1 – 30	Devices	\$85.00	\$ _____
31 – 60	Devices	\$115.00	\$ _____
61 – 90	Devices	\$145.00	\$ _____
91 or more	Devices	\$175.00	\$ _____

**Plans Review Fee (\$40 minimum fee)**

**\$1.40 per \$1,000 total job cost or fraction thereof. Enter Job Cost:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

Application is hereby made to install or alter a fire alarm system(s). It is agreed that all rules, regulations, and ordinances of the City of Lincoln, now in effect, will be complied with, and that the installation will be made in accordance with all applicable fire system regulations and the appropriate NFPA pamphlet.

**Minimum of three (3) detailed sets of plans & specifications are attached and are made a part of this application. If plans are to be mailed back, a self-addressed, stamped envelope must be enclosed.**

**SUBMITTED BY:** Company Name (please print) \_\_\_\_\_

Company Address: (street/city/state/zip code) \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**SYSTEM INSTALLED BY:** \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_