



PERMIT NUMBER _____

OFFICE USE ONLY

BUILDING PERMIT NUMBER: _____

Application for: SPRINKLER/STANDPIPE SYSTEM PERMIT

BUREAU of Fire Prevention – City of Lincoln

555 S. 10th St., #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: _____

Street Number DIRECTION STREET NAME TYPE ROOM/SUITE NUMBER

Business Name Where Work is Being Performed: _____

Sprinkler System:

Overhead Underground

Size of Water Main: _____ Inches

Sq. Ft. Coverage: _____ Sq. Ft.

Standpipe:

Wet Dry

Size of Fire Line: _____ Inches

Number of Risers: _____

SCHEDULE OF FEES

SPRINKLER SYSTEMS:	Up to 5,000 sq. ft coverage	\$65.00	No. _____	\$ _____
	Each additional 5,000 sq. ft. or fraction thereof up to 50,000 sq. ft.	\$40.00	No. _____	\$ _____
	Each additional 5,000 sq. ft. or fraction thereof over 50,000 sq. ft.	\$10.00	No. _____	\$ _____
	Partial sprinkler coverage per head, (relocate/arm-over)	\$ 1.00	No. _____	\$ _____
	(20 or more heads require plans/plan review/inspection)			
STANDPIPE SYSTEM:	Each riser up to 4 inches	\$15.00	No. _____	\$ _____
	Each riser larger than 4 inches	\$25.00	No. _____	\$ _____
REPAIR ONLY/NO PLANS :	-----	\$65.00		\$ _____
UNDERGROUND:	-----	\$65.00		\$ _____
TOTAL PERMIT FEE: (\$65.00 minimum)	-----			\$ _____
PLANS REVIEW FEE: (\$40.00 minimum)				
(\$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 sprinkler/standpipe 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 /postage paid envelope must be enclosed for return.

SUBMITTED BY: Company Name: (please print) _____

Company Address: (street/city/state/zip code) _____

Office Phone Number: _____ Cellular Phone Number: _____

Signature of Registered Contractor License Number Printed Name of Registered Contractor

APPROVED BY: _____ Date _____ _____ Date _____

Water Department

Bureau of Fire Prevention