



PERMIT NUMBER _____

OFFICE USE ONLY

BUILDING PERMIT NUMBER _____

Application for WET/DRY CHEMICAL EXTINGUISHING SYSTEM PERMIT Bureau of Fire Prevention – City of Lincoln

555 S 10th 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: _____
Street Number Direction Street Name Type Suite/Room Number

Business Name Where Work is Being Performed: _____

Name of Technician Installing System: _____

Technician's Expiration Date of Manufacturer's Certification: _____

Manufacturer of System Installed: _____ Type of System: **Wet or Dry**

Area to be Protected: _____ Number of Heads: _____

Number & Size of Cylinders: _____ Number of Activating Devices _____

SCHEDULE OF FEES

FIRE EXTINGUISHING SYSTEMS:

<input type="checkbox"/> Recirculating Hood Systems	First Cylinder	\$ 65.00		\$ _____
	Each Additional Cylinder	\$ 5.00	No. _____	\$ _____
Sub Total:				\$ _____

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 extinguishing system. 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.

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) _____

Office Phone Number _____ Cellular Phone Number _____

Signature of Registered Contractor _____ Date _____

Printed Name of Registered Contractor: _____ License Number: _____

APPROVED BY: _____ Date _____

Bureau of Fire Prevention