

PERMIT NUMBER: _____

OFFICE USE ONLY

BUILDING PERMIT NUMBER: _____



Application for FIRE ALARM 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: _____
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: _____