



Bureau of Fire Prevention Application for an Operational Permit

Type of permit:

- | | |
|--|--|
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Hazardous Materials |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Places of Assembly |
| <input type="checkbox"/> Residential Congregate Living | <input type="checkbox"/> Salvage Yard |
| <input type="checkbox"/> School | <input type="checkbox"/> Spray Operation |

Name of Facility: _____

Facility Address: _____

Billing Contact Name: _____

Billing Contact Address: _____

Billing Contact Phone Number: _____

Email Address: _____

Onsite Contact Phone Number: _____

Printed Name of Applicant: _____

Signature of Applicant: _____

Applicant Phone Number: _____ Date: _____

All written correspondence from this office will go the Billing Contact Address including the Operational Permit Certificate. Please return to The City of Lincoln Bureau of Fire Prevention, 555 South 10th Street, Room 203, Lincoln, NE 68508 or Email to iecontact@lincoln.ne.gov

OFFICIAL USE ONLY

Permit Number: _____ Date: _____