

APPLICATION

Alternative Automatic Fire-Extinguishing Systems (Wet/Dry Chemical or Gas)



Building & Safety Department - Bureau of Fire Prevention
555 S. 10th St., Suite 203, Lincoln, NE 68508
Phone (402) 441-7521

REV. 01/24/22

FE Permit Number (OFFICE USE)

Affiliated Building Permit Number

ALL fields are required to be completed. If fields are left blank, the application may be DELAYED.

Please select what type of system is applicable to this application:

- ☐ Wet/Dry Chemical Extinguishing System
- ☐ Gas Extinguishing System (select a subsection below)
- ☐ Carbon Dioxide System ☐ Halon System ☐ Clean-Agent System

Job Name: _____ Area(s) to be Protected: _____

Job Address (street/city/state/zip): _____

Tech. Installing System: _____ Trade Professional License #: _____ Expiration Date: _____

System Manufacturer: _____ Tech. Expiration Date of Manufacturer's Certification: _____

SCHEDULE OF FEES

PERMIT FEE		FEES DUE
Fire Extinguishing System	\$80.00	\$
PLAN REVIEW FEE (\$50 min.)		The PLAN REVIEW FEE covers the plan review AND the initial inspection
\$1.50 per \$1,000 total Job Cost	JOB COST?	\$
	\$	
TOTAL FEE		\$

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.

HARDCOPY SUBMITTAL - Please submit this application, (3) sets of shop drawings & supplemental information, and the associated fees at the time of permit submittal. (1) plan set will be kept at Bldg. & Safety, the remaining (2) plan sets must be picked up in-person (held at front counter). If the applicant provides a self-addressed / stamped envelope at the time of the permit submittal, the remaining (2) plan sets will be returned via mail.

ELECTRONIC SUBMITTAL - Please email this application to FirePermits@lincoln.ne.gov. Once Bldg. & Safety processes this application, the applicant will be notified (via email) to pay the associated fees and to UPLOAD all necessary documents into [Citizens Access](#) under the permit number.

APPLICANT INFORMATION

Company Name: _____ Company Phone #: _____

Company Trade Professional License #: _____ Expiration Date: _____

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

Registered Contractor Name: _____ Contractor Phone #: _____

Registered Contractor Trade Professional License #: _____ Expiration Date: _____

Registered Contractor Email: _____

Registered Contractor Signature: _____ Date: _____