APPLICATION Fire Alarm Systems



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

REV. 01/19/2
FA Permit Number (OFFICE USE)
,
Affiliated Building Darmit Number
Affiliated Building Permit Number

ALL fields are required to be completed. If fields are left blank, the application may be DELAYED. Please select what is applicable to this application: New / Replacement Panel (FACP or FAA) New / Altered Fire Alarm System Fire Alarm Addition ■ Monitoring System ONLY (for Suppression Systems) Other: _____ Number of Devices? Job Address (street/city/state/zip): Job Name: ______

SCHEDULE OF FEES				
PERMIT FEE			FEES DUE	
1 - 30 devices		\$100.00	\$	
31 - 60 devices		\$130.00	\$	
61 - 90 devices		\$160.00	\$	
91 or more devices		\$190.00	\$	
AN REVIEW FEE (\$50 min.) The PLAN REVIEW FEE covers the plan review AND the ini		nitial inspection		
		JOB COST?	\$	
•	\$1.50 per \$1,000 total Job Cost	\$		
TOTAL FEE		\$		

Application is hereby made to install or alter a fire alarm 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 (please print):	
Company Address (street/city/state/zip):	
Applicant Name (please print):	Contact Phone Number:
Applicant Email:	
Applicant Signature:	Date: