APPLICATION Overhead Fire Sprinkler Systems

		REV. 01/24/22
Building & Safety Department - Bureau of Fire Prevention 555 S. 10th St., Suite 203, Lincoln, NE 68508 Phone (402) 441-7521	FSP Permit Number	(OFFICE USE)
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:	Affiliated Building Permit Number	
New / Altered Sprinkler System (SQ.FT?)		
Sprinkler System Addition (SQ.FT?)		
Sprinkler Head Relocate / "Arm-Over" (QTY?) (Quantities exceeding 20 heads, automatically default to	New/Altered Sprin	kler System sq.ft.)
Replacement Backflow Preventer		
Standpipe Systems (WET? or DRY?) (MANUAL? AUTOMATIC? or SEMIAUTOMATIC?) Other:		
Job Address (street/city/state/zip):		
Job Name:		
SCHEDULE OF FEES		
PERMIT FEE Sprinkley Systems (NEW / ALTERED / ADDITION)		FEES DUE
Sprinkler System (NEW / ALTERED / ADDITION)	1	\$
 Up to 5,000 sq.ft. coverage Each additional 5,000 sq.ft. up to 50,000 sq.ft. 	\$75.00 \$50.00	\$
- Each additional 5,000 sq.ft. over 50,000 sq.ft.	\$15.00	\$
Sprinkler Head Relocated / "Arm-Over" (more than 20 heads, auto. default to New/Altered Sprinkler System sq.ft.)	\$75.00	\$
Replacement Backflow Preventor	\$35.00	\$
Standpipe Systems	\$35.00	\$
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 sprinkler 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 association submittal. (1) plan set will be kept at Bldg. & Safety, the remaining (2) plan sets must be picked up in-person (held at front conself-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 appointment in the processes of the permit		icant will be
APPLICANT INFORMATION Company Name: Company Phone #:		
mpany Trade Professional License #: Expiration Date:		
Company Address (street/city/state/zip):		
Sprinkler System Contractor Name: Contractor Phone #		

Sprinkler System Contractor Trade Professional License #:______ Expiration Date: _____ Sprinkler System Contractor Email: Registered Sprinkler System Contractor Signature: ______ Date: _____