APPLICATION
Fire Alarm Systems

REV. 10/25

City of Lincoln
FIRE & RESCUE

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

_____
FA 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 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
- ☐ **System Removal** (Justification of Removal) _____
- ☐ **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	$
SYSTEM REMOVAL (NO FEE)		
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 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 the Bureau of Fire Prevention, 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 the Bureau of Fire Prevention 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:** _____