

APPLICATION FOR GAS EXTINGUISHING SYSTEM PERMIT

PERMIT NUMBER _____

Office Use Only



BUILDING & SAFETY DEPARTMENT
Bureau of Fire Prevention
 555 S. 10th St., Suite 203, Lincoln, NE 68508
 P: 402-441-7521



BUILDING PERMIT NUMBER _____

Job Address: _____
Street Number Direction Street Name Type Suite/Room Number

Business Name Where Work is Being Performed: _____

Name of Technician Installing System: _____

Technician's Expiration date of Manufacturer's Certification: _____

Manufacturer of System: _____ Type of System: _____

Area to be Protected: _____ Number of Heads: _____

Number & Size of Cylinders: _____ Number of Activating Devices _____

SCHEDULE OF FEES			
FIRE EXTINGUISHING SYSTEMS:			
First Cylinder	\$65.00		\$ _____
Each Additional Cylinder	\$ 5.00	No. _____	\$ _____
Sub Total:			\$ _____
PLANS REVIEW FEE (\$40 minimum fee)			
\$1.40 per \$1,000 total job cost or fraction thereof:			
Enter Job Cost:	\$ _____		\$ _____
TOTAL DUE: \$ _____			

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.

Minimum of three (3) detailed sets of plans & specifications are attached and are made a part of this application. If plans are to be mailed back, a self-addressed, stamped envelope must be enclosed.

SUBMITTED BY:

Company Name (please print) _____

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

Office Phone Number _____ Cellular Phone Number _____

Signature of Registered Contractor _____ Date _____

Printed Name of Registered Contractor: _____ License Number: _____

APPROVED BY: _____ Date _____

Bureau of Fire Prevention