PERMIT NUMBER_____

Office Use Only

Application for GAS EXTINGUISHING SYSTEM PERMIT

BULDING PERMIT NUMBER _____

Bureau of Fire Prevention – City of Lincoln

555 S 10th St. Rm 203 • Lincoln, NE 68508-3995 * Building & Safety Website: lincoln.ne.gov
Phone No. 402-441-7791 • Fax No. 402-441-6442 • 24-Hour Inspection Line 402-441-8213

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