Permit No. _____
Office Use Only

Application for
GAS EXTINQUISHING SYSTEM PERMIT

Bureau of Fire Prevention – City of Lincoln
555 S 10th St. Rm 203 • Lincoln, NE 68508-3995
Phone No. 402-441-7791 • Fax No. 402-441-6442 • 24-Hour Inspection Line 402-441-8213

Job Address: _____
Dir Street Name Type Suffix

Business Name: _____

Manufacturer: _____ Type: _____

Area to be Protected: _____ No. of Heads: _____

No. & Size of Cylinders: _____ No. of Activating Devices: _____

SCHEDULE OF FEES

FIRE EXTINGUISHING SYSTEMS:

First Cylinder	$75.00		$ _____
Each Additional Cylinder	$ 8.00	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 _____

APPROVED BY: _____ Date _____
Bureau of Fire Prevention