

# APPLICATION

## Underground Piping for Fire Sprinkler Systems

REV.05/24



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

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> FSP Permit Number (OFFICE USE)
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> 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
- Repair

**Size of Underground FIRE Piping?** \_\_\_\_\_ (inches)

**Size of City Water MAIN?** \_\_\_\_\_ (inches)

Job Address (street/city/state/zip): \_\_\_\_\_

Job Name: \_\_\_\_\_

**SCHEDULE OF FEES**

PERMIT FEE	FEES DUE				
NEW / REPAIR	\$75.00 \$				
<b>PLAN REVIEW FEE (\$50 min.)</b> The PLAN REVIEW FEE covers the plan review AND the initial inspection					
\$1.50 per \$1,000 total Job Cost	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>JOB COST?</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: right;">\$</td> </tr> </table>	<b>JOB COST?</b>	\$	\$	\$
<b>JOB COST?</b>	\$				
\$	\$				
<b>TOTAL FEE</b>	<b>\$</b>				

Application is hereby made to install or alter underground piping. 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 and the associated fees at the time of permit submittal.

**ELECTRONIC SUBMITTAL** - Please email this application to [FirePermits@lincoln.ne.gov](mailto:FirePermits@lincoln.ne.gov). Once Bldg. & Safety processes this application, the applicant will be notified (via email) to pay the associated fees directly through [Citizens Access](#) under the permit number.

**APPLICANT INFORMATION**

Company Name: \_\_\_\_\_ Company Phone #: \_\_\_\_\_

Company Trade Professional License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company Address (street/city/state/zip): \_\_\_\_\_

Plumbing Master Contractor Name: \_\_\_\_\_ Contractor Phone #: \_\_\_\_\_

Plumbing Master Contractor Trade Professional License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Plumbing Master Contractor Email: \_\_\_\_\_

**Registered Plumbing Master Contractor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_