

NEBRASKA STATE FIRE MARSHAL

Plan Submittal Application



Main Office
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District "C"
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North Platte NE 69101-4200
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Plans Submitted To:

Date			
SUBMITTING PARTY		NAME OF PROJECT	
ADDRESS(MAILING ADDRESS)		ADDRESS (STREET ADDRESS)	
(CITY, STATE, ZIP CODE)		(CITY, STATE, ZIP CODE)	
CONTACT PERSON	PHONE	EMAIL ADDRESS (If code review via email is desired)	NUMBER SUBMITTED

GENERAL PROJECT INFORMATION

TYPE OF OCCUPANCY	STATE-OWNED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
BID DATE	ESTIMATED START DATE	ESTIMATED COMPLETION DATE	
TYPE OF PLAN	<input type="checkbox"/> Final	<input type="checkbox"/> Preliminary	<input type="checkbox"/> Nebraska Accessibility Guidelines (Title 156) Review
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Other _____

NOTE: Fire Alarm and Sprinkler Shop Drawings are to be Submitted as a Separate Review by the Subcontractor

PROJECT DESCRIPTION	<input type="checkbox"/> New Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Other _____

SPECIFIC PROJECT INFORMATION

NUMBER OF LEVELS INCLUDING SUB LEVELS	TOTAL AREA PER LEVEL- NEW/ EXISTING
CONSTRUCTION TYPE (Example: wood frame or type V)	LL / 3 /
New Existing	1 / 4 /
Fire Protection Features	2 / 5+ /
SPRINKLERS <input type="checkbox"/> Total <input type="checkbox"/> Partial	<input type="checkbox"/> Range Hood System <input type="checkbox"/> Other
FIRE ALARM <input type="checkbox"/> Manual System <input type="checkbox"/> Smoke Detection	<input type="checkbox"/> Heat Detection <input type="checkbox"/> Other

REVIEW FEE

PROJECT COST *	PLANS SUBMITTED TO LOCAL AUTHORITY FOR REVIEW (Specify City or County)
	<input type="checkbox"/> NO <input type="checkbox"/> YES

* 1. ESTIMATE MUST BE INCLUDED FOR PLANS TO BE REVIEWED. ESTIMATE INCLUDES TOTAL VALUE OF ALL CONSTRUCTION WORK AS WELL AS ALL FINISH WORK, PAINTING, ROOFING, ELECTRICAL, PLUMBING, HVAC, ELEVATORS, FIRE EXTINGUISHING SYSTEMS AND ANY OTHER PERMANENT EQUIPMENT.

2. FEE SCHEDULE: THE FEE FOR REVIEWING PLANS, BLUEPRINTS, AND SHOP DRAWINGS TO DETERMINE COMPLIANCE WITH RULES AND REGULATIONS ADOPTED PURSUANT TO SECTION 81-502 SHALL BE ASSESSED TO THE FOLLOWING SCHEDULE:

TOTAL VALUE OF PROPOSED STRUCTURE OR IMPROVEMENT	FEE SCHEDULE – STATE FIRE CODE REVIEW	FEE SCHEDULE-HANDICAP ACCESSIBILITY REVIEW; NEBRASKA ACCESSIBILITY GUIDELINES
\$ 1.00 - \$ 5,000.00	\$ 5.00 minimum	If "NO" to local review above, add 50% to the fire code review fee. Total accessibility fee shall not exceed \$250.00
\$ 5,001.00 - \$ 25,000.00	\$ 5.00 for the first \$5,000.00 plus 2.00 for each additional \$5,000.00 or fraction thereof.	
\$ 25,001.00 - \$ 50,000.00	\$15.00 for the first \$25,000.00 plus \$2.00 for each additional \$5,000.00 or fraction thereof.	
\$ 50,001.00 - \$ 100,000.00	\$ 25.00 for the first \$50,000.00 plus \$1.00 for each additional \$5,000.00 or fraction thereof	
\$ 100,001.00 - \$ 200,000.00	\$ 35.00 for the first \$100,000.00 plus \$1.00 for each additional \$10,000.00 or fraction thereof .	
\$ 200,001.00 OR MORE	\$ 50.00 for the first \$200,000.00 plus \$1.00 for each additional \$10,000.00 or fraction thereof. However, the total fire code review fee shall not exceed \$500.00	If construction commences prior to the submittal of plans, a late fee of \$50.00 shall be added.
FIRE CODE REVIEW FEE	ACCESSIBILITY CODE REVIEW FEE	TOTAL FEE

OFFICE USE ONLY

PLAN NUMBER	DATE IN	HOW PAID	RECEIPT NO.
		CHECK	