



NEBRASKA STATE FIRE MARSHAL Plan Submittal Application

Plans Submitted To: Main Office / District "A" 246 South 14th Street Lincoln, NE 68508-1804 (402) 471-2027 FAX (402) 471-3118

District "B" 438 West Market Albion, NE 68620-1241 (402) 395-2164 FAX (402) 395-2400

District "C" 200 South Silber North Platte, NE 69101-4200 (308) 535-8181 FAX (308) 535-8259

DATE		SUBMITTING PARTY		NAME OF PROJECT	
ADDRESS (MAILING ADDRESS)		ADDRESS (STREET ADDRESS)			
(CITY, STATE, ZIP CODE)		(CITY, STATE, ZIP CODE)			
CONTACT PERSON	PHONE ()	ALTERNATE PHONE ()	NUMBER OF PLANS 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		Nebraska Accessibility Guidelines (Title 156) Review			
<input type="checkbox"/> Final <input type="checkbox"/> Preliminary <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 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 SUBLEVELS)		TOTAL AREA PER LEVEL - NEW/EXISTING			
CONSTRUCTION TYPE (EXAMPLE: WOOD FRAME OR TYPE V (II))		LL _____ / _____ sqft	3 _____ / _____ sqft		
NEW _____ EXISTING _____		1 _____ / _____ sqft	4 _____ / _____ sqft		
		2 _____ / _____ sqft	5 + _____ / _____ sqft		
FIRE PROTECTION FEATURES					
SPRINKLER:		<input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Rangehood 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 ESTIMATE*	PLANS SUBMITTED TO LOCAL AUTHORITY FOR REVIEW	(SPECIFY CITY OR COUNTY AS APPLICABLE)
\$ _____	<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 81-602 SHALL BE ASSESSED TO THE FOLLOWING SCHEDULE:

TOTAL VALUE OF PROPOSED STRUCTURE OR IMPROVEMENT	FEE SCHEDULE - STATE FIRE CODE REVIEW, NFPA 101 LIFE SAFETY CODE	FEE SCHEDULE - HANDICAP ACCESSIBILITY REVIEW, TITLE 156, STATE OF NEBRASKA ACCESSIBILITY GUIDELINES
\$ 1.00 - \$ 5,000.00	\$5.00 minimum	If "NO" to local review above, add 50% to fire code review fee
\$ 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.	If "NO" to local review above, add 50% to fire code review fee
\$ 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.	If "NO" to local review above, add 50% to fire code review fee
\$ 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.	If "NO" to local review above, add 50% to fire code review fee
\$ 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.	If "NO" to local review above, add 50% to fire code review fee
\$ 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 "NO" to local review above, add 50% to fire code review fee Total accessibility code review fee shall not exceed \$250.00.

FIRE CODE REVIEW FEE	+ACCESSIBILITY CODE REVIEW FEE (IF APPLICABLE CALCULATE AS SHOWN ABOVE)	= TOTAL FEE (CHECK OR MONEY ORDER ONLY)
\$ _____	\$ _____	\$ _____

OFFICE USE ONLY

PLAN NO.	DATE IN	HOW PAID	RECEIPT NO.