NEBRASKA STATE FIRE MARSHAL PLAN SUBMITTAL APPLICATION

Submit Plan To:						
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Main Office 246 S. 14th Street Lincoln, NE 68508-1804 (P) 402-471-2027 (F) 402-471-3118 www.SFM.nebraska.qov

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DATE:	(*) REQUIRED FIELD TO BE COMPLETED. INCOMPLETE FIELDS WILL RESULT IN A REJECTION LETTER (*)					
*SUBMITTING PARTY	ARTY *NAME OF PROJECT					
*ADDRESS		*ADDRESS				
ADDITEOU		ADDITEOU				
*CITY / STATE / ZIP CODE		*CITY / COUNTY				
CONTACT PERSON	PHONE	EMAIL ADDRESS (If	code review via email is desired)			
	ADDITIONAL INDIVIDUA					
*OWNER EMAIL ADDRESS (If different f			ADDRESS (If different from subr			
OWNER EMAIL ADDRESS (II dillerent I	ion submitting party)	ARCHITECT EMAIL	ADDRESS (II dillerent nom sub	mung party)		
*CONTRACTOR EMAIL ADDRESS (If dir	fferent from submitting party)	OTHER EMAIL ADDRESS				
	PROJECT	INFORMATION				
OCCUPANCY TYPE	*STATE-OWNED	YES NO	*PLANS SUBMITTED TO LOC	AL AUTHORITY FOR REVIEW?		
	*ESTIMATED START DATE:		YES NO			
	LOTIMATED START DATE.					
	*ESTIMATED COMPLETION DATE:		(Specify City or County)			
*TYPE OF PLAN						
Final Preliminary	Fire Alarm Sprinkler	Accessibil	ity Guidelines Other _			
	awings are to be submitted as a separate rev	view by subcontractor.				
*PROJECT DESCRIPTION						
New Building Addition	Remodel Interior Finish	Alteration	Other			
NUMBER OF LEVELS (Including Sub Le	vels):	CONSTRUCTION T	YPE: (New)	(Existing)		
FIRE PROTECTION FEATURES (if prov	,		. ,			
Total Sprinkler Partial Sprin		Fire Alarm System	Fire Extinguishers	Other		
	с ,					
*ESTIMATED PROJECT COST	*ACCESSIBLITY CODE REVIEW FEE?					
		uh - Gaz				
	If "NO" to local review above, add 50% to t					
 Estimate must be included for plans to be r fire extinguishing systems and any other perm 	eviewed. Estimate includes total value of all cons nanent equipment.	struction work as well as	all finish work, painting, roofing, elec	trical, plumbing, HVAC, elevators,		
	d shop drawings to determine compliance with rul	les and regulations adop	ted pursuant to section 81-502 shall	be assessed to the following schedule:		
ESTIMATED PROJECT COST	FIRE CODE REVIEW FEE SCHEDULE	9 i	•	4		
\$ 1.00 - \$ 5,000.00	\$ 5.00 minimum					
\$ 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 there of.					
\$ 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 there of.					
\$ 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 there of www.SFM.nebraska.gov					
\$ 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 there of .					
\$ 200,001.00 OR MORE	001.00 OR MORE \$50.00 for the first \$200,000.00 plus \$1.00 for each additional \$10,000.00 or fraction there of. The total review fee shall not exceed \$500.00.					
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	OR TO THE SUBMITTAL OF PLANS, A <u>LAT</u>	TE FEE OF \$50.00 SH	IALL BE ADDED.			
All checks are to be made out to the "I	Nebraska State Fire Marshal"					
*FIRE CODE REVIEW FEE	*ACCESSIBILITY REVIEW FEE (If applica	ble) *LATE FEE	E (If applicable)	*TOTAL FEE		
		E USE ONLY				
PLAN NUMBER	DATE IN	HOW PAIL)	RECEIPT NUMBER		
				1/29/15		
		MONEY ORD				