

Fire Alarm System-Plan Review Information

University of Nebraska Building and Fire Safety

1901 Y Street Lincoln, NE 68588
Phone: (402) 472-3131 Fax: (402) 472-5908

Date of this submittal: _____
Name of facility: _____
Facility address: _____
City/Campus: _____
Phone number and/or contact at job site: _____
Fire Alarm Contractor: _____
Contractor phone: _____ Contractor Email _____
Contractor fax: _____
Name of person responsible for design: _____
Name of Installer _____
Installer Phone _____

Provide a description of the work to be completed:

Provide a description of the facility:

Construction Type: _____
Occupancy Type: _____
Number of floors above grade: _____
Number of floors below grade: _____
Sprinklers (check all that apply): Total ___ Partial ___ Range Hood ___ Other ___
Fire Alarm (check all that apply): Manual System ___ Smoke Detection ___ Heat Detection ___ Other ___
New/ Existing Building Area:
New: _____ sq ft
Existing: _____ sq ft

Does the design involve a partial system or a variance/deviation from Title 153 Chapter One, Nebraska State Fire Code Regulations (include written documentation or copy of orders)? If so, explain:

Fire Alarm Design Reviewed _____ By: _____

Approved as Submitted _____ Revise and Resubmit _____ Approved as Noted _____