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 _________

Rev 11112013