



BAYTOWN FIRE DEPARTMENT

FIRE SYSTEMS PERMIT APPLICATION

PROJECT ADDRESS: _____

BUSINESS NAME: _____

OWNER'S/APPLICANT NAME: _____ PHONE: (____) _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OWNER'S E-MAIL ADDRESS: _____

CONTRACTOR: _____ PHONE: (____) _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTRACTORS E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: (____) _____

FAX: (____) _____

RESIDENTIAL COMMERCIAL Sq. Ft. of BUILDING: _____

DESCRIPTION OF IMPROVEMENT: _____

PERMIT TYPE

| | | |
|--------------------------------|-------------------------------------|-------------------------------------|
| | FUEL TANK – Install./Removal | # OF TANKS – Install./Remove |
| | UNDERGROUND FIRE LINE | REMOTE FDC LINE |
| FIRE ALARMS | | |
| | # OF FIRE ALARM PANELS | # OF ALERTING DEVICES |
| | # OF INITIATING DEVICES | |
| FIRE SPRINKLER SYSTEMS | | |
| | # OF SPRINKLER RISERS | # OF SPRINKLER HEADS |
| HOOD SUPPRESSION SYSTEM | | |
| | # OF SUPPRESSION HEADS | |

PLEASE SUBMIT 2 PAPER COPIES OF THE PROPOSED PLANS, AND A DIGITAL COPY THAT INCLUDE CUT SHEETS FOR ALL DEVICES USED AND HYDRALIC CALCULATIONS, WHERE APPLICABLE. THE FIRE DEPARTMENT WILL CONTACT YOU WHEN THE REVIEW IS COMPLETED. PLANS SHALL BE PICKED UP AT CITY HALL, PERMIT COUNTER.

AN APPROVED SET OF PLANS MUST BE ON THE JOB SITE DURING CONSTRUCTION AND FOR THE FINAL SYSTEM INSPECTION.

ALL MATERIALS USED WILL BE OF THE "APPROVED" TYPE AND ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE CITY ORDINANCES REGULATING ELECTRICAL, PLUMBING OR MECHANICAL CONSTRUCTION IN THE CITY OF BAYTOWN. NO ALTERATIONS OR ADDITIONS SHALL BE MADE IN THE PERMITTED SYSTEM WITHOUT WRITTEN PERMISSION FROM THE FIRE MARSHAL'S OFFICE.

APPLICANT PRINTED NAME _____ DATE _____

APPLICANT SIGNATURE _____

OFFICE USE ONLY

FIRE SYSTEM PERMIT NO.: _____ **BUILDING PERMIT NO.:** _____

FIRE MARSHAL REVIEW: _____ **DATE:** _____