



STAFFORD FIRE MARSHAL'S OFFICE

2702 South Main
Office Number (281) 403-5951

Stafford, Texas 77477
Fax Number (281) 208-6955

FIRE ALARM SYSTEM- PERMIT APPLICATION

(Please print clearly)

Job Address:	Tenant Name:
Total Project Square Feet:	Valuation (\$):

Contractor Name:	
Alarm Cert. of Registration #: ACR-	
Address	
City, State	ZIP Code
Applicant / Contact Name:	
Email Address:	
Office Phone:	Cell Phone:

FIRE ALARM FEE'S		
	Plan Review	\$ 100.00
	Fire Alarm Installation	250.00
	Fire Alarm System Test	200.00
	CHECK BELOW IF APPLICABLE	
	Smoke Control System Test	100.00
	Total Fee Due	\$

Property Owner Name:	
Address	
City, State	ZIP Code
Office Phone:	Cell Phone:

Accepted By:	Date:
Approved By:	Date:
Denied By:	Date:
Reason for Denial:	

Scope of Work:

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW RELATING TO CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

Phone Number

***** MUST SUBMIT THE FOLLOWING PLANS*****

- (2) Sets of drawing's
 (1) Electronic Set- PDF Format