



STAFFORD FIRE MARSHAL'S OFFICE

2510 South Main
Office Number (281) 403-5951

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

FIRE PROTECTION SYSTEM - PERMIT APPLICATION

All Plan Reviews (including Revisions or Resubmittals) **require** 3 Sets of Drawings and 1 Electronic Set (PDF Format). Plans, Application and Payment must be submitted (in person or mailed) to the Permits Department located at 2610 S. Main, Stafford, TX 77477.

FOR OFFICE USE ONLY	
PERMIT #:	
ACCEPTED BY:	
DATE:	

(Please Print Clearly)

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

*** PROVIDE COPIES OF CERT. OF REGISTRATION AND INDIVIDUAL LICENSES ***

Contractor Name:			
Cert. of Registration #:	ACR-	SCR-	ECR- TDP5-B-
Address:	City, State:		ZIP Code:
Applicant Name:	Email Address:		
Contact Person:	Office Phone:	Cell:	

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

OTHER PERMITS / FEES	
All Type Plan Review - Initial Review	\$150.00
All Type Plan Review - 2nd Review	\$225.00
All Type Plan Review - 3rd and Subsequent Review	\$400.00
FIRE ALARM SYSTEMS	
Fire Alarm System - Installation	\$200.00
Fire Alarm System - Final	\$200.00
Smoke Control System Test	\$150.00
FIRE SPRINKLER SYSTEMS	
Sprinklers (1st 10,000 SF) - New Installation	\$200.00
Sprinklers (Each Additional 10,000 SF) - New Installation	\$225.00
Add / Relocate 1-20 Sprinkler Heads	\$200.00
Add / Relocate 21 Or More Sprinkler Heads	\$275.00
Underground Hydrostatic Test	\$150.00
Sprinkler Hydrostatic Test	\$100.00
Fire Pump Test	\$200.00
Sprinkler System - Final	\$200.00
FIRE EXTINGUISHING SYSTEMS	
Fire Extinguishing System - Installation	\$200.00
Fire Extinguishing System - Final	\$200.00
PER USE / JOB PERMITS	
Gates / Barriers Blocking Access /Access Control (per device)	\$100.00
TOTAL FEE DUE:	

SCOPE OF WORK		
MUST SUBMIT THE FOLLOWING PLANS		
Y	N	(3) Sets of Drawings
Y	N	(1) Electronic Set - PDF Format

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 _____

FOR OFFICE USE ONLY - ACCT #: 10-4208			
TOTAL FEE DUE:	PAID:	BALANCE:	
FMO RECEIVED PLANS ON:	/ /	FMO RETURNED PLANS ON:	/ /
REJECTED BY:	DATE:	/ /	REFER TO LETTER OF REJECTION
APPROVED BY:	DATE:	/ /	REFER TO LETTER OF ACCEPTANCE