



FIRE PROTECTION APPLICATION

10555 Northwest Freeway - Suite 100 - Houston, TX 77092 Main Phone: 713-956-3000 Monday - Friday 7:30 am - 4:00 pm

- | | | |
|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Commercial | <input type="checkbox"/> SPRINKLER | <input type="checkbox"/> ACCESS CONTROL |
| <input type="checkbox"/> Residential | <input type="checkbox"/> FIRE ALARM | <input type="checkbox"/> HOOD/FIXED SYSTEM |

ALL FIELDS REQUIRED

P R O J E C T	Name: _____		PERMIT # _____	
	Address: _____		HC PROJECT# _____	
	City, ST: _____	ZIP _____	Suite# _____	Number of Floors _____
	Type(s) of Occupancy _____		KeyMap# _____	
HCAD# <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>		Visit www.HCAD.org (13 Digits)		GROSS SQUARE FEET _____

C O M P A N Y	Name: _____		State of TX _____	
	Address: _____		License # _____	
	Contact: _____	Phone: _____	City, ST _____	Zip _____
	E-Mail: _____		Cell #: _____	

S P R I N K L E R S	<input type="checkbox"/> Light Hazard		Ordinary Hazard 1 <input type="checkbox"/> 2 <input type="checkbox"/>	Extra Hazard 1 <input type="checkbox"/> 2 <input type="checkbox"/>	<input type="checkbox"/> ESRF	<input type="checkbox"/> ELO	<input type="checkbox"/> High-Pile Storage
	<u>Installation</u>		<u>Supply</u>		<u>Type</u>		<u>Standpipe</u>
	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Underground Only	<input type="checkbox"/> Sprinkler Only	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Wet
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Retrofit	<input type="checkbox"/> Underground w/Hydrants	<input type="checkbox"/> *Tap in the Right-of-way	<input type="checkbox"/> Foam	<input type="checkbox"/> Deluge	<input type="checkbox"/> Dry
	Number of Heads: _____		<input type="checkbox"/> Preaction		<input type="checkbox"/> Combination		<input type="checkbox"/> Wall Hydrant
	NFPA Code Used (Yr): _____		<input type="checkbox"/> Anti-freeze		<input type="checkbox"/> Deluge		<input type="checkbox"/> Dry

DRY HYDRANT
 Dry Hydrant
 Underground Trunk
 Above Ground Trunk

***Please contact the Commercial Development Group for all work within Harris County Right-Of-Way for Notification Requirements**

F I R E A L A R M	<u>Installation</u>		<input type="checkbox"/> Automatic F/A	NFPA Code Used (Yr): _____	HOOD/FIXED SYSTEM(S)		ACCESS CONTROL	
	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Manual System	<input type="checkbox"/> Sprinkler Monitor	Number of Initiating Devices		<input type="checkbox"/> Paint Booth	<input type="checkbox"/> Access Control
	<input type="checkbox"/> Remodel	<input type="checkbox"/> Retrofit	<input type="checkbox"/> Elevator Recall	<input type="checkbox"/> Smoke Control	QTY: _____	Smoke, Heats, Pulls, Initiating Controls; Relays; Modules & Ducts	<input type="checkbox"/> Hood(s) Qty: _____	<input type="checkbox"/> Delayed Egress Locks
	One for One Exchange		<input type="checkbox"/> Pre-Action				<input type="checkbox"/> Fixed Paint Booth	<input type="checkbox"/> Electric Strikes
							System(s) Qty: _____	Number of Doors _____
							<input type="checkbox"/> Releasing System	Number of Floors _____

The permit applicant understands and agrees the County Engineer may make scheduled or unscheduled inspections of the property upon the issuance of the permit. The applicant is aware that pursuant to Chapter 352 of the Texas Local Government Code, the County Fire Marshal may, in the interest of safety and fire prevention, inspect certain structures for fire hazards. If the permit applicant is a corporation, partnership or other legal entity other than a natural person, then the undersigned acting as the authorized representative of said entity will be responsible for ensuring the entity's compliance with all provisions. The undersigned has carefully reviewed this application and the answers to all questions. To the best of my knowledge, the answers are all true and correct.

Print Name Above (APPLICANT) _____ Signature (APPLICANT) _____ Date _____

DO NOT WRITE BELOW THIS LINE - HARRIS COUNTY FIRE CODE OFFICE USE ONLY												
1st REVIEW DATE		2nd REVIEW DATE		3rd REVIEW DATE		Approved By: _____						DATE
F E E S	<input type="checkbox"/> Fixed Systems	\$200	FPFX	<input type="checkbox"/> Dry Pipe Connection	\$200	FPDP	<input type="checkbox"/> Elevator Recall	\$200	FPER	Service Request #		
	<input type="checkbox"/> Smoke Control	\$200	FPSC	<input type="checkbox"/> Wall Hydrant	\$200	FPWH	<input type="checkbox"/> Standpipe	\$200	FPST	TOTAL		
	<input type="checkbox"/> Fire Prot. Remodel	\$260	438/CEFC	<input type="checkbox"/> Dry Hydrant	\$200	FPDP	<input type="checkbox"/> Other _____					
	<input type="checkbox"/> Fire Alarm System	\$200	FPA200	<input type="checkbox"/> Devices over 200:		x\$0.50=	FPA200	FPA20	FPA1			
	<input type="checkbox"/> Sprinkler System	\$200	FPS200	<input type="checkbox"/> Heads over 200:		x\$0.50=	FPS200	FPS20	FPS1			
<input type="checkbox"/> Access Control	\$200	FPDA	<input type="checkbox"/> Doors over 20:		x\$20=	FPDA	FPDA20	FPDA1				
Receiving				Plan Reviewer								
Applicant#:				Plan Checker:								
Request#:				Approved By:								
Property#:				Date:								
Clerk & Date				Receipt#								