



BRAZORIA COUNTY

OFFICE OF THE FIRE MARSHAL

Martin P. Vela

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FIRE-EXTINGUISHING SYSTEM & RELATED EQUIPMENT PERMIT - INVOICE

This form is to be used for the construction of a new system or alteration, addition or relocation to an existing system.

The International Fire Code 2018 edition, section **105.7.1 Automatic Fire-Extinguishing Systems** - A construction permit is required for installation of or modification to an automatic fire-extinguishing system. Maintenance performed in accordance with this code is not considered a modification and does not require a permit.

Date: _____

Proposed Construction Site Information:

Address of site:	_____	City	_____	State	_____	Zip	_____
Name of business:	_____						
Phone number:	_____						

Fire Protection Company Information:

Contact person:	_____	Phone:	_____				
Email:	_____	Cell:	_____				
Company name:	_____	Phone:	_____				
Address:	_____	City	_____	State	_____	Zip	_____

Description of Construction Information:

Brief description of construction:	_____				
Cost of construction:	_____	Type of System:	_____	Total Structural	_____

Permit fee schedule:

In General – Fire & Life Safety Inspections	Description	Fee Amount	# of Inspections	Total
Plan review	(plan review for each system)	\$75.00		
Per System	(number of systems)	\$75.00		
Per Sprinkler Head	(each sprinkler head)	\$1.00		
Visual Cover <10,000 sq ft	(cover up inspection)	\$75.00		
Visual Cover >10,000 sq ft	(cover up inspection)	\$150.00		
Underground Hydro Test	(per test)	\$150.00		
Aboveground Hydro Test	(per test)	\$150.00		
addendums	(additions or changes already permitted)	\$25.00		
Other Requested – Fire & Life Safety Inspections				
Requested pre-final construction	(pre-final construction walk-thru of project)	\$75.00		
Re-inspection	(for a failed inspection already permitted)	\$50.00		
Permit Total	(total amount to be paid for required inspections)			

Please make checks payable to: TREASURER – BRAZORIA COUNTY

Person completing this form:

Contact person:	_____	Phone:	_____
Email:	_____	Cell:	_____
Company name:	_____	Phone:	_____

DO NOT WRITE IN THIS SPACE

Received By:	Permit Fee	Date Permit Received	Permit No
_____	\$ _____	_____	_____
Fire Marshal Approval:	FM Reviewed:	FM Completed:	Status:
_____	_____	_____	_____
Deputy Fire Marshal Approval:	Deputy Reviewed:	Inspection Completed:	Status:
_____	_____	_____	_____