



OFFICE OF THE FIRE MARSHAL

Martin P. Vela

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FIRE SUPPRESSION SYSTEM PERMIT

This form is to be used for the construction of a new system or alteration, modification, addition or relocation to an existing system. A separate form shall be completed for additional automatic fire-extinguishing systems.

2018 edition of the International Fire Code, section **105.7.1 Automatic Fire-Extinguishing System**. 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.

Proposed Construction Site Information:

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

Property Owner's Information:

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

Contractor's 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 Sq. ft	_____

Permit fee schedule:

Fire-Extinguishing System	Description	Fee Amount	Amount	Total Fee
Plan review	(plan review fee)	\$ 75.00		
System	(systems fee)	\$ 25.00		
Flow Point	(each nozzle on the system)	\$ 1.00		
Fusible Link	(each fusible link on the system)	\$ 1.00		
Gas Valve	(each gas valve on the system)	\$ 1.00		
Electric Valve	(each electric valve on the system)	\$ 1.00		
Pull Station	(each pull station on the system)	\$ 1.00		
Functional Test	(functional test fee)	\$ 75.00		
addendums	(additions or changes already permitted)	\$ 25.00		
In General				
Re-inspection	(for re-inspection of previously failed inspection)	\$ 75.00		
Permit Total				

Please make checks payable to: TREASURER – BRAZORIA COUNTY

Person completing this form:

Name:	_____	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:
_____	_____	_____	_____