



LOCKHART FIRE RESCUE

FIRE ALARM SYSTEM APPLICATION

Name of Company: _____

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Type of License: _____ ACR #: _____

FAL #: _____

Installation Location

Name of Business: _____

Occupant Name: _____

Address: _____

Phone: _____ Fax: _____

Fire Alarm System

Type of Alarm Installed: _____

Manual: Automatic: Local: Monitored:

of Pull Stations: _____ # of Smoke Detectors: _____ # of Heat Detectors: _____

of Horn/ Strobes: _____ # of Horns: _____ # of Mini Sounders: _____

of Strobes: _____ Sprinkler Monitoring: Yes No

Monitoring Co: _____ Phone No: _____

Three (3) sets of detailed blueprint drawings depicting the fire alarm system shall be required to be submitted to the Fire Marshal's Office for plans approval prior to the Alarm System installation. Manufacture's Data Sheet(s) shall be provided for all devices

All plans submitted must be sealed by a register professional engineer, or stamped by the Company's Alarm Planning Superintendent.

All plans submitted must be accompanied with certificates/ licenses as specified by the Texas Department of Insurance Fire Alarm requirements.

All duct smoke detectors installed in air handler units will be required to pass a smoke test. All ducts installed above eight (8) feet above floor level shall have a remote indicator.

The Lockhart Fire Department shall observe the testing of the fire alarm systems.

***Application may be e-mailed durhamconst312@gmail.com
Full Plans need to be sent via above e-mail or contact Gib Watt @ 830-481-3214.
Application & Plans must be reviewed and permit issued prior to actual
Construction occurrence***

I hereby certify that the information provided in this application is true and correct to the best of my belief; that as owner and or manager will agree to abide by the City of Lockhart Fire Codes requirements and other governing ordinances whether or not herein specified.

(Signature of Applicant)

(Date)

Fire Marshal/designee
City of Lockhart

(Date Approved)

Permit # Issued



LOCKHART FIRE RESCUE FIRE ALARM SYSTEM PERMIT

Permit # _____

Name of Company: _____

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Type of License: _____ ACR Number : _____

FAL Number: _____

Installation Location

Name of Business: _____

Occupant Name: _____

Address: _____

Phone: _____ Fax: _____

This form states that the application, plans and other documentation have been received, reviewed and appears to meet requirements. As such, the above listed applicant may build the approved system with required "marked up" changes. Any additional changes made during install will require contact of the Fire Marshal's Office and may require additional requirements. Final inspection of the system shall be conducted upon completion. This does not negate the possibility of site inspections by the Fire Marshal's Office or their designee during construction of the system.

Reviewer

Date

Fire Code Official / Designee
City of Lockhart

Date Issued

OFFICE USE

Date System completed and Final Inspection performed: _____

Inspected By: _____