



LOCKHART FIRE RESCUE

FIXED EXTINGUISHING SYSTEM APPLICATION

Name of Company: _____

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Type of License: _____ ACR #: _____

FEL #: _____

Installation Location

Name of Business: _____

Occupant Name: _____

Address: _____

Phone: _____ Fax: _____

Appliance / Apparatus to be Protected: _____

Fixed Extinguishing System

Name of Designer: _____

Name of Installer: _____

Manufacturer: _____

Model No.: _____

Serial No.: _____

Design Area: _____

Sprinkler Heads (Total): _____

Other: _____

Additional Appliances Installed: _____

Three (3) sets of detailed blueprint drawings depicting the fixed extinguishing system, including, but not limited to: Hood(s), Exhaust ducts(s), Appliances, Interface of the fire-extinguishing system detectors, Piping, Nozzles Fuel Shutoff devices, Agent storage container(s), audible and visual indicators, and manual devices.

The drawings shall be required to be submitted to the Fire Marshal's Office/designee for plans approval prior to the system installation. Manufacture's Data Sheet(s) shall be provided for all devices. All plans submitted shall be accompanied with a copy of the applicant's License from the Texas State Fire Marshal's Office and a copy of their general liability insurance.

All gas, electrical, heating and make-up air devices located within the appliance or apparatus being protected shall be installed to discontinue normal service upon activation of the fixed extinguishing system.

The Fire Marshal's Office shall witness all final testing prior to the occupancy of the building, or use of the equipment.

***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 the application is true and correct to the best of my belief: that as permittee, the installation shall be in accordance with all national, state and local recognized standards and codes governing fixed extinguishing systems, whether or not herein specified.

(Signature of Applicant)

(Date)

Fire Code Official / Designee
City of Lockhart

(Date Approved)

Permit # Issued



LOCKHART FIRE RESCUE FIXED EXTINGUISHING SYSTEM PERMIT

Permit # _____

Name of Company: _____

Name of Applicant: _____

Address: _____

Phone: _____ Fax: _____

Installation Location

Name of Business: _____

Occupant Name: _____

Address: _____

Phone: _____ Fax: _____

Appliance/Apparatus to be Protected: _____

Fixed Extinguishing System

Design Area: _____

Sprinkler Heads (Total): _____

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: _____