



LOCKHART FIRE RESCUE

HOOD 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: _____

Hood Extinguishing System

Name of Designer: _____

Name of Installer: _____

Manufacturer: _____

Model No.: _____

Serial No.: _____

UL 300 Approved: YES

NO

Coverage: Complete

Partial (Specify): _____

Design Area: _____

Sprinkler Heads (Total): _____

Other: _____

Additional Appliances Installed: _____

Three (3) sets of detailed blueprint drawings depicting the vent hood shall be required to be submitted to the Fire Marshal's Office for plans approval prior to the hood installation. Manufacturer'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 and make-up air devices located within the vent hood shall be installs to discontinue normal service upon activation of the hood 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 hood extinguishing systems, whether or not herein specified.

(Signature of Applicant)

(Date)

Fire Marshal/designee
City of Lockhart

(Date Approved)

Permit # Issued



LOCKHART FIRE RESCUE HOOD EXTINGUISHING SYSTEM PERMIT

Permit # _____

Location of System: _____

Name of Company: _____

Name of Permittee: _____

Address: _____

Phone: _____ Fax: _____

Type of System Permitted: _____

Detailed Drawings Reviewed and Approved: Date: _____

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 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 permit requirements. Final inspection of the system shall be done upon completion of the system. This does not negate the possibility of site inspections by the Fire Marshal's Office 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: _____