



LOCKHART FIRE RESCUE

FIRE SPRINKLER SYSTEM APPLICATION

Name of Company: _____

Class of License and Number: _____

Address: _____

Phone: _____ Fax: _____

Insurance Agent & Policy No. _____

PROPERTY INFORMATION

Location of Installation: _____

Owner of Property: _____

Owners Address: _____

Phone: _____ Fax: _____

Insurance Company: _____

Type of System

Underground: Overhead: Complete System:

Wet Dry Pre-Action Deluge Other _____

Type of Hazard: _____ Type of Heads _____

Mfg. of Sprinkler Heads: _____

Calc System: _____ Pipe Schedule: _____ Design Area: _____

of Risers: _____ # of Heads _____ # of Spare Heads: _____

Type of Backflow Preventer: _____

Sprinkler / Supervision by: _____

Three (3) sets of detailed blueprint drawings depicting the Fire Sprinkler System shall be required to be submitted to the Fire Marshal's Office for plans approval prior to the fire sprinkler 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 managing responsible party.

All plans submitted must have current hydrant pitot readings from the fire hydrants nearest the project site, fire flow calculations, and manufactures specifications for devices.

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

The Lockhart Fire Department shall observe the testing of underground and overhead fire sprinkler systems. A main drain test will be required for each sprinkler system / riser.

***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 Code Official / Designee
City of Lockhart

(Date Approved)

Permit # Issued



LOCKHART FIRE RESCUE FIRE SPRINKLER SYSTEM PERMIT

Permit # _____

Name of Company: _____

Class of License and Number: _____

Address: _____

Phone: _____ Fax: _____

Insurance Agent & Policy Number: _____

Application Date: _____

All requirements and applications submitted

PROPERTY INFORMATION

Location of Installation: _____

Owner of Property: _____

Owners 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 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: _____