



# 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 faxed to (512) 620-0001 or e-mailed to [wlay@lockhart-tx.org](mailto:wlay@lockhart-tx.org)  
Full Plans will still need to be delivered to the office unless they can be reduced to standard page size successfully, however application 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