



INSTALLATION AND REMODELING OF FIRE PROTECTION SYSTEM

PERMIT #

CITY OF WOODWAY

Community Services Dept.

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Woodway, Texas 76712

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permits@woodwaytexas.gov

THIS SECTION FOR STAFF USE ONLY

RECEIVED BY: _____ DATE/TIME: _____ APP COMPLETE? ☐ Y ☐ N (explain)

NOTE: _____

1st REVIEW

DATE: _____

BY: _____

☐ APPROVED

2nd REVIEW (if needed)

DATE: _____

BY: _____

☐ DENIED

NOTE: _____

PERMIT FEES

TOTAL FEE: \$ _____

☐ CASH ☐ CK _____ ☐ CC _____

DATE PD: _____ RCPT: _____

OWNER/ TENANT
INFORMATION

PROJECT ADDRESS: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____ CITY/ST/ZIP: _____

PHONE: _____ ALT PHONE: _____ EMAIL: _____

CONTRACTOR INFORMATION

COMPANY: _____ CONTACT: _____

ADDRESS: _____ CITY/ST/ZIP: _____

PHONE: _____ ALT PHONE: _____ FAX: _____

EMAIL: _____

MASTER PLUMBING LICENSE: _____ EXPIRES: _____

OTHER LICENSE/CERTIFICATION: _____ EXPIRES: _____

FIRE SERVICES - PROJECT INFORMATION

INSTALLATION and REMODELING OF FIRE PROTECTION SYSTEM

☐ Sprinkler Systems

☐ Fire alarm system

☐ Commercial paint both systems

☐ Hood & duct suppression system

☐ Standpipe systems

☐ Fire pump installation

☐ Additional permits initiated

☐ Liquified flammable gas container

☐ Install of underground or above ground storage

☐ Removal of underground storage tanks

Applicable Codes & Standards

The installation shall comply with the adopted 2024 edition of the International Fire Code (IFC), all applicable NFPA standards as adopted by the Authority Having Jurisdiction (AHJ), all locally adopted amendments, and the manufacturer's installation requirements.

IMPORTANT INFORMATION REGARDING YOUR PERMIT/APPLICATION

- * Each above ground storage tank shall be at least fifty (50) feet from each adjacent line.
- * Each above ground storage tank shall be at least one hundred (100) feet from any daycare, dental office, foster home, hospital, hotel/motel, medical facility, residential dwelling unit, nursing or convalescent home, church or place of worship, public or private school, and any high occupancy building.
- * No above ground storage tank may be installed or used within the City of Woodway until the permit required by this section has been issued by the City of Woodway.
- * Maximum number and maximum storage: No more than two (2) above ground storage tanks may be located on the same tract or parcel of land. For purposes of this section, multiple tracts or parcels of land under common ownership and/or control shall be considered as a single tract or parcel. No above ground storage tank shall exceed a capacity of twelve thousands (12,000) gallons.
- * Spill containment: Each above ground storage tank shall be constructed of a double wall design or have a concrete containment dike enclosing the above ground storage tank sufficient to contain within the dike the entire contents of the above ground storage tank should spill occur. Any spill of any of the contents of any above ground storage tank and which spill is not contained within the dike shall be a violation of this section.

Scope of Work: (Provide a detailed description of the proposed installation, alteration, repair, replacement, or modification.)

Design information: (Occupancy)

Hazard Classification:

1. The following shall accompany this permit application when applicable:

- | | |
|---|---|
| ☐ Shop drawings | ☐ Paint booth fire protection design |
| ☐ Hydraulic calculations | ☐ Sequence of operation |
| ☐ Equipment data sheets | ☐ Battery calculations (if applicable) |
| ☐ Manufacturer specifications | ☐ Underground flush documentation |
| ☐ Fire pump curves | ☐ Acceptance test procedures |
| ☐ Water supply information | ☐ Other: |
| ☐ Sprinkler system calculations | _____ |
| ☐ Hood suppression system design | _____ |
| | _____ |
| | _____ |

2. Required Inspections:

- | | |
|--|--|
| ☐ Underground | ☐ Alarm interface test |
| ☐ Aboveground rough | ☐ Hood system acceptance test |
| ☐ Hydrostatic test | ☐ Paint booth acceptance test |
| ☐ Fire pump acceptance test | ☐ Final inspection |
| ☐ Main drain test | ☐ Flow test results |

Additional Inspections:

Applicant Signature: _____

Date: _____