FLOWER MOUND FIRE DEPARTMENT

FIRE MARSHAL'S OFFICE

3911 SOUTH BROADWAY AVENUE | FLOWER MOUND, TEXAS 75028

PHONE 972.874.6270 | www.flowermound.gov

AUTOMATIC FIRE-EXTINGUISHING SYSTEMS (600.03)

☐ New Installation ☐ Addition ☐ Replacement ☐ Relocation

PROJECT ADDRESS: _____ BUILDING PERMIT # _____

BUSINESS OR PROJECT NAME _____

CONTRACTOR OR COMPANY NAME _____

ADDRESS_____CITY/STATE_____ZIP_____

BUSINESS PHONE # (_____) _____ CELL PHONE #(_____) _____

E-MAIL ADDRESS _____

CONTACT PERSON _____

DESCRIPTION OF WORK TO BE DONE_____

VALUE OF WORK:
(VALUE OF WORK TO INCLUDE TOTAL CONTRACT COST OF MATERIALS AND LABOR.) $_____

The following items marked "X" must be included in the permit application:

	New Installation	Addition	Replacement	Relocation
Permit Application + Fee	X	X	X	X
Plans (3 sets)	X	More than six (6) heads	More than six (6) heads	More than six (6) heads
Scope of Work	N/A	Six (6) or less heads	Six (6) or less heads	Six (6) or less heads
Spec. Sheets/Calculations	X	X	X	X

Hydrostatic testing is required for all new installations and work involving twenty (20) heads or more.

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THAT SAID, WORK WILL BE DONE IN COMPLIANCE WITH THE INFORMATION HEREIN SET FORTH AND IN COMPLIANCE WITH THE TOWN OF FLOWER MOUND CODE OF ORDINANCES, STATE RULES AND REGULATIONS, AND POLICY STANDARDS AS SET FORTH BY THE FIRE MARSHAL.

_____ _____
SIGNATURE DATE

_____
PRINT NAME

PERMIT APPLICATION FEE: + $100.00

PERMIT FEE FROM VALUATION CHART: + _____

NUMBER OF RISERS (x $100) + _____
(New installations only)

TOTAL PERMIT FEE: = _____

FOR OFFICE USE ONLY

Date Submitted: _____ Permit Code: 600.03 Total Permit Fee Received $ _____

Paid By: [ ] Cash [ ] Check/M.O. # _____ [ ] Credit Card_____

Received By: _____ Receipt No: _____