



Phone: (972) 427-3771
 Fax: (972) 472-6601

110 S. Main
 Crandall, Texas 75114

Fire Alarm / Fire Sprinkler Permit

Permit Number: _____	Valuation: _____
Project Name: _____	Zoning District: _____
Project Address: _____	Square Foot: _____
Project Description: FIRE ALARM <input type="checkbox"/> FIRE SPRINKLER <input type="checkbox"/>	
MUST PROVIDE 2 COMPLETE SETS OF PLANS	

Owner Information: _____		
Name: _____	Contact Person: _____	
Address: _____		
Phone Number: _____	Fax Number: _____	Mobile Number: _____

Fire Alarm Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>
Fire Sprinkler Contractor	Contact Person	Phone Number	Contractor License Number <input type="checkbox"/>

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Approved by: _____	Date Approved: _____
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Permit Fees

Fire Alarm Plan Review Fee: _____	Total Permit Fee: _____
Fire Alarm Inspection Fee: _____	Issued Date: _____
Fire Sprinkler Plan Review Fee: _____	Issued By: _____
Fire Sprinkler Plan Inspection Fee: _____	BV Project #: _____
Fire Alarm Contractor: _____	
Fire Sprinkler Contractor: _____	