



CITY OF EL PASO

FIRE DEPARTMENT

FIRE PROTECTION SYSTEM PERMIT APPLICATION



FIRE MARSHAL'S OFFICE (915) 771-1090

FIRE PLAN REVIEW (915) 541-4806

(Case Number) **FIR** _____ - _____

1. PROJECT ADDRESS _____
2. BUILDING / FACILITY / PROJECT NAME _____
 OWNER NAME _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ TELEPHONE _____
3. CONTRACTOR _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ TELEPHONE _____
4. PROPOSED USE OF BUILDING _____ EXISTING USE _____
5. TYPE OF WORK: NEW _____ ADDITION _____ UPGRADE / ALTERATION _____ DEMOLITION _____ OTHER _____
6. DESCRIBE WORK _____
7. LIST OF MATERIALS AND/OR PRODUCTS STORED, USED, MANUFACTURED OR PROCESSED IN THIS BUILDING OR FACILITY:

NOTICE:

SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED AND INSPECTIONS CALLED FOR AND OBTAINED WITHIN 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

AFFIDAVIT:

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK SHALL BE COMPLIED WITH - WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OF ANY FEDERAL, STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

I ALSO HEREBY CERTIFY THAT THE INFORMATION ON THE SITE PLAN IS TRUE AND CORRECT AND THAT ALL KNOWN EASEMENTS HAVE BEEN PROPERLY SHOWN. I ALSO UNDERSTAND THAT I MAY BE REQUIRED BY CITY ORDINANCE TO NOTIFY A TEXAS "ONE CALL" SYSTEM BEFORE STARTING ANY EXCAVATION OR DIGGING WORK.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

DATE

EXPEDITED PLAN REVIEW Department ID-22010090 Account 404109

I am requesting Plan Review by Appointment (Expedited Plan Review) \$142 per hr. x Total Time _____ = Fee \$ _____

Signature

DATE

EPFD Use Only

FIRE PROTECTION SYSTEMS Department ID-22010090 Account 404109

\$71.00 per hr. x Total Time _____ x # Plans Examiners _____ = Fee \$ _____

Site Assessment (Consultation) Department ID-22010090 Account 404200 \$75.00 flat rate fee \$ _____

Fire Sprinkler Heads _____ Fire Alarm Devices _____ Fire Hydrant(s) _____ Fire Suppression System(s) _____

Other _____

Reviewed by (Plans Examiner) _____

NOTE ON FEES: The full hourly rate shall be charged for each hour or portion of an hour.