



**CITY OF TOMBALL**

**Fire Marshal's Office**

Doug Sanguedolce

Fire Marshal

www.ci.tomball.tx.us

firecode@ci.tomball.tx.us



501 James Street – Tomball, Texas – 77375 – 281.290.1440 office – 281.290.1439 fax

**Suppression and Detection System Permit Application**

- Sprinkler System
- Fire Alarm System
- Fixed Fire Suppression System
- Paint Booth / Mixing Room Suppression System

Permit No. \_\_\_\_\_

**Suppression and Detection Systems \$100.00, Administration Fee: \$5.00**

If you need special handling include \$75.00 extra, (For applications submitted requesting an inspector to perform duties or inspections specified in the Fire Code at a time, rather than at the convenience of the city, include this fee) .....\$ \_\_\_\_\_

If the requested inspection is on weekends or at night, include fees for inspecting, outside regular working hours. Minimum of 4 hours \$275.00, each additional hour or portion of an hour \$45.00. Estimated time: 4 hours (minimum) .....\$275.00; Additional Hrs \_\_\_\_ @ \$45.00 = \$ \_\_\_\_\_

Call: 281-290-1440 for further information..... **TOTAL \$** \_\_\_\_\_

**INSTALLATION COMPANY INFORMATION**

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone No.: \_\_\_\_\_

State License No.: \_\_\_\_\_

System Designer: \_\_\_\_\_

Name of Licensed Installer: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Insurance Agent & Policy No.: \_\_\_\_\_

**PREMISES TO BE PROTECTED**

Property Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_



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**FIRE SPRINKLER SYSTEM**

**The sprinkler system shall be constructed with supervisory alarm capability**

Type of Hazard: Light \_\_\_\_\_ Ordinary \_\_\_\_\_ Extra \_\_\_\_\_

Pipe Schedule: \_\_\_\_\_ Hydraulic Calculation: \_\_\_\_\_

Coverage: Complete \_\_\_\_\_  
Partial (Specify) \_\_\_\_\_

Light Hazard Locations: \_\_\_\_\_

Ordinary Hazard Locations: \_\_\_\_\_

Extra Hazard Locations: \_\_\_\_\_

Design Area: \_\_\_\_\_

Square Feet of Design Area: \_\_\_\_\_

Most Remote Sprinkler Location: \_\_\_\_\_

Residual Pressure at Highest Sprinkler Location: \_\_\_\_\_ PSI \_\_\_\_\_

Inspector Test Valve Location: \_\_\_\_\_

**SPRINKLER HEADS: (TOTAL)**

Up-rights: \_\_\_\_\_ TYPE: \_\_\_\_\_ Temp Rating: \_\_\_\_\_

Pendants: \_\_\_\_\_ TYPE: \_\_\_\_\_ Temp Rating: \_\_\_\_\_

Sidewalls: \_\_\_\_\_ TYPE: \_\_\_\_\_ Temp Rating: \_\_\_\_\_

Dry Pend: \_\_\_\_\_ TYPE: \_\_\_\_\_ Temp Rating: \_\_\_\_\_

Other: \_\_\_\_\_

**NUMBER OF TOTAL HEADS: \_\_\_\_\_ (@ \$0.25 EACH)**

**NUMBER OF RISER: \_\_\_\_\_ (@ \$10.00 EACH)**

**NUMBER OF FDC'S: \_\_\_\_\_ (@ \$10.00 EACH)**

**NOTE: FDC's will require purchase of locking KNOX cap and key wrench**

*---PREVENTION THROUGH EDUCATION---*



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**FIRE SPRINKLER SYSTEM**

**ANCILLARY EQUIPMENT**

Alarm Check Valve: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Flow Alarm: YES: \_\_\_\_\_ NO: \_\_\_\_\_

WATER: \_\_\_\_\_ ELECTRIC: \_\_\_\_\_

Tamper Switches: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Spare Sprinklers: TYPE: \_\_\_\_\_ Quantity: \_\_\_\_\_

TYPE: \_\_\_\_\_ Quantity: \_\_\_\_\_

Additional Appliances Installed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FIRE ALARM SYSTEM**

Local \_\_\_\_\_ Remote \_\_\_\_\_ Central Station \_\_\_\_\_

Proprietary \_\_\_\_\_ Aux. \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Monitoring Company: \_\_\_\_\_

License/Certification No: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Zone/Coded System: YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Zones: \_\_\_\_\_

Number of Pull Stations: \_\_\_\_\_ Number of Smoke/Heat Detectors: \_\_\_\_\_

Type of Smoke/Heat Detector: \_\_\_\_\_

Coverage: Complete \_\_\_\_\_  
Partial (Specify) \_\_\_\_\_

Additional Appliances Installed: \_\_\_\_\_

Meets A.D.A Requirements: YES \_\_\_\_\_ NO \_\_\_\_\_

**NUMBER OF TOTAL DEVICES: \_\_\_\_\_ (@ \$1.00 each)**

Communication devices for Fire Alarm systems shall be independent and separate from any communication devices used for burglary or panic/hold-up alarms. The only exception is for single-family residences



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**FIXED FIRE EXTINGUISHING SYSTEM**

Hood Suppression, Paint Booth, Spray/Mixing Rooms

Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_

UL 300 Approved?      YES \_\_\_\_\_ NO \_\_\_\_\_

Coverage:                  Complete \_\_\_\_\_

   Partial (Specify) \_\_\_\_\_

\_\_\_\_\_

Design Area: \_\_\_\_\_

**NUMBER OF TOTAL NOZZLES: (TOTAL) \_\_\_\_\_ (\$0.25 EACH)**

Other: \_\_\_\_\_

**ANCILLARY EQUIPMENT**

Additional Appliances Installed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**INSPECTIONS AND TESTING**

**\*Notice of 24 hours or more is required for any inspection of system**

The Fire Marshal’s Office shall witness all final testing prior to the occupancy of the building.

**NOTE:** A set of detailed blueprint drawings depicting the system as installed shall be submitted to the Fire Marshal’s Office before completion of the extinguishing system installation.

**CERTIFICATIONS REQUIRED**

- CERTIFICATION OF ABOVEGROUND PIPING
- CERTIFICATION OF UNDERGROUND PIPING
- Welders Certifications stating that all welders/fabricator meet AWS D10.9, Level AR-3. Any on-site welding shall be in accordance with NFPA 51B.
- Certification that the sprinkler system and ancillary equipment has been installed and operational in accordance with NFPA 13 (Installation of Sprinkler Systems), NFPA 24 (Private Fire Service Mains), NFPA 25 (Water Based Fire Protection Systems), and NFPA 72 (Fire Alarm Code)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plan Reviewer

\_\_\_\_\_  
Date

**Failure of any system test requires a re-inspection fee of \$25.00 per occurrence**

**TOTAL OF PERMIT: \$ \_\_\_\_\_**

**Payment should be Payable to City of Tomball, 501 James Street, Tomball Texas 77375**