



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

CONTRACTOR INFORMATION PACKET

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Revised 2/09

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NOTICE OF INFORMATION

This letter of notice is to inform prospective builders, owners and contractors who are planning to build within the City of Tomball, the proper requirements for system installations and testing needed by the Fire Marshal's Office. This notice shall serve for informational purposes only, actual installation requirements and testing may vary.

PLAN REVIEW

1. The City of Tomball uses NFPA 101 – Life Safety Code 2006*ed.* and International Fire Code (ICC) 2006*ed.* Current amendments to this code can be located at <http://www.municode.com/>
2. All Fire Sprinkler plans must be reviewed by ISO prior to submittal to the FMO.
3. Plan submittal for fire suppression and detection systems shall be provided for approval with three (3) hard copies and one (1) set on disc in .PDF format is required. Two hard copies will be returned. One stamped set **MUST** remain on site at **ALL TIMES**.
4. All plans must be complete. Any incomplete submittals will be returned.
5. Any plans that are approved with corrections will be provided a list of needed corrections. Resubmitted plans shall be of the same style and returned stating corrections.
6. A current copy of licenses and proof of insurance, naming the City of Tomball as certificate holder shall be provided for all licensed companies.

BUILDING PLAN

1. Approved vehicle access shall be provided by either temporary or permanent roads, capable of supporting vehicle loading under all weather conditions. Vehicle access shall be maintained until permanent fire apparatus access roads are available.
2. An approved water supply for fire protection, either temporary or permanent, shall be made available as soon as combustible material arrives on the site.
3. The approved and stamped civil site plans shall be submitted with the building plans.
4. The approved set of plans shall remain on site at all times.

FIRE SPRINKLER SYSTEMS

1. Fire Department Connections (FDC) on all systems, except NFPA 13R and NFPA 13D shall have a single 5" storz connection with 30° turn down.
2. All FDC's shall have a locking cap, ordered through the Knox Company. A key wrench is required with the order, to remain in the contractors' possession.
3. All fire line feeds shall be dedicated lines with no additional water taps.



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4. Any building where a sprinkler system is installed shall have a remote FDC on a separate fire line feed to the riser and shall be located within 100 feet of the closest fire hydrant.
5. The FDC shall be located at a horizontal distance no less than one (1) foot above the total height of the structure; out of the collapse zone.
6. A double check back-flow preventor is required inside on the riser and is required to be certified and tested with a Fire Marshal present.
7. At least one system control valve shall be mounted outside and visible (wall valve, PIV, OS&Y). No underground pits or keystone valves are permitted.
8. All water control valves shall be protected with a chain and lock, as well as monitoring for tamper and water flow to a monitored fire alarm system.
9. A weather-proof horn/strobe shall be installed for outside notification. One to be placed near the main entrance, on the street side of the building. One to be installed in lieu of the mechanical water gong near the sprinkler riser.
10. Fire Department Connection signage instructions will be provided to the sprinkler company upon return of plans.
11. NO WORK may begin without prior approval of plans and the required permit has been submitted for payment.
12. All underground and aboveground piping will be hydrostatically tested to NFPA standards.
13. Underground plumbing shall be flushed prior to connection of aboveground. This shall be witnessed by FMO.

FIXED FIRE SUPPRESSION SYSTEMS

1. All FFS systems shall have local notification.
2. All lighting within the hood assembly shall shut off upon activation.
3. The remote pull station shall be located at a distance no greater than 30' from the system and be located in the path of egress.
4. All gas valves shall be located below the ceiling tile.
5. A class K fire extinguisher and sign shall be mounted near the pull station.
6. All owners, occupants, and employees shall be familiar with the operation of the system and manual activation.
7. NO WORK may begin without prior approval of plans and required permit has been submitted for payment.

FIRE ALARM SYSTEMS

1. All systems shall be installed in accordance to NFPA 72 by a licensed technician.
2. All components shall meet ADA compliance.
3. Alarm panels shall be monitored to a central station.
4. Fire alarm panels that are not accessible or visible by employees shall be provided with an annunciator panel near the main entrance.
5. All zones and devices shall be identifiable and labeled in the alarm panel cover.



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6. Fire alarm panels shall have a primary and secondary phone line. The primary line shall be a dedicated line.
7. Keys to the alarm panel and pull stations shall be provided to the FMO.
8. All smoke detectors, including duct detectors will be tested using a smoke function test.
9. Smoke detectors shall recall elevator to ground level discharge.
10. NO WORK may begin without prior approval of plans and required permit has been submitted for payment.

PERMITS

All system installation permits are \$100.00 plus \$5.00 administration fee.

- **Sprinkler System**
 - \$10.00 per each FDC
 - \$10.00 per each riser
 - 0.25 per each sprinkler head
- **Fire Alarm**
 - \$1.00 per device (smoke/heat/pull station)
- **Fixed Fire Suppression**
 - \$0.25 per each head

All system and final occupancy inspections that fail will require \$25.00 re-inspection fee, prior to inspection.

This notice does not relieve the owner, designers, and contractors or their representatives from their individual or collective responsibility to comply with applicable provisions of the codes governing the site. This information is not to be construed as a check of every item required, including items noted or not otherwise detailed, and does not prevent the Fire Official from hereafter requiring corrections of errors.



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ISO SPRINKLER PLAN REVIEW

Effective January 5, 2009, services & fees for ISO Sprinkler Plan Review are as follows:

Electronic Sprinkler Plan Review Submittals

Electronic Plan Review submittals should be e-mailed to the following address:

prsupport@iso.com

Sprinkler Plan Review files should be formatted in file formats compatible with ADOBE pdf. Hydraulic calculations should be submitted in PDF format. Completed reviews will be returned via **e-mail**.

Standard 10 business day review

First Sheet Reviewed - \$231.00

Each Additional - \$120.75

3 business day review

First Sheet Reviewed - \$347.00

Each Additional Sheet Reviewed - \$181.00

1 business day review

Multiplied 2.0 x the Standard price

Paper Sprinkler Plan review Submittals

Standard 10 business day review

First Sheet Reviewed - \$247.00

Each Additional Sheet Reviewed - \$131.00

3 business day review

First Sheet Reviewed - \$370.00

Each Additional Sheet Reviewed - \$197.00

1 business day review

Multiplied 2.0 x the Standard price

All submittals shall include underground plans to determine required flow and size of fire line feed.

Paper Plan Review submittals should be mailed to the following address:

Insurance Services Office, Inc.

Plan Review Department

4030 W. Braker Lane, Suite 350

Austin, TX 78759

7-800-277-8392, Option 3



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Please be advised that a state sales tax will be applied based on the laws of the state in which you reside

All paper plan review submittals are returned by **regular US Mail**; however express mail service can be provided if **your account number** is supplied with submittal

Please be advised that a state sales tax will be applied and calculated based on the laws of the state in which you reside.

Service for complete submittals (transmittal letter, plans, and hydraulic calculations) includes review, analysis, & processing. ISO retains for our records on copy of any blueprints and calculations submitted. Standard Services are completed within 10 business days while Express Services are completed within requested service time.

FIRE SPRINKLER REQUIREMENTS

1. Fire Department Connections (FDC) on all systems, *except NFPA 13R and NFPA 13D* shall have a single 5" storz connection with 30° turn down.
2. All FDC's shall have a locking cap, ordered through the Knox Company. A key wrench is required with the order, to remain in the contractors' possession.
3. All fire line feeds shall be dedicated lines with no additional water taps.
4. Any building where a sprinkler system is installed shall have a remote FDC on a separate fire line feed to the riser and shall be located within 100 feet of the closest fire hydrant.
5. At least one system control valve shall be mounted outside and visible (wall valve, PIV, OS&Y). No underground pits or keystone valves are permitted. **Post indicating preferred.**
6. All water control valves shall be protected with a chain and lock, as well as monitoring for tamper and water flow to a monitored alarm system.
7. A double check back-flow preventor is required inside on the riser.
8. A weather-resistant horn/strobe shall be installed for outside notification.
9. Fire Department Connection signage instructions will be provided to the sprinkler company upon return of plans.
10. **NO WORK** may begin without prior approval of plans and required permit has been submitted for payment.
11. All underground and aboveground piping will be hydrostatically tested to NFPA standards. This shall be witnessed by the FMO.
12. Underground plumbing shall be flushed prior to connection of aboveground. This shall be witnessed by FMO.
13. Sprinkler systems must be designed with a 10% safety factor of the required psi and gpm.



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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



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SPRINKLER SYSTEM UNDERGROUND CHECKLIST

BUSINESS NAME: _____ DATE: _____

ADDRESS: _____ PERMIT NUMBER: _____

INSTALLER: _____ LICENSE NUMBER: _____

_____ Approved set of plans and permit on site.

_____ Pipe installed per City’s requirements, 6” of sand under pipe, 12” on either side, minimum 12” sand on top of pipe, 24” under asphalt or cement.

_____ Pipe shall be sleeved when through slab.

_____ All joints, bends and thrust blocks uncovered during hydrostatic test.

_____ Thrust blocks hardened before hydrostatic test and installed correctly, no cement covering joints, bends, ductile pipe or all thread.

_____ Hydrostatic test of 200 psi for 2 hours, and bleed pressure after test.

_____ Flush underground at proper velocity until clean, minimum 10’ per second through minimum 4” pipe.

_____ FDC within 100’ of a fire hydrant, street side, and away from collapse zone.

_____ FDC shall have a 5” Storz connection unless 13R system, Knox locking cap, at 30 a degree angle, minimum height 18”, maximum height 4’.

_____ FDC shall be a separate line to the riser above the double check.

_____ No domestic or irrigation taps on calculated fire line.

_____ Check PIV location with tamper switch installed.

_____ Double check backflow preventer cannot be in a vault.

_____ Test paperwork signed and a copy returned to Fire Marshal’s Office.

Comments: _____

Fire Suppression System Installer: _____ Date: _____

Fire Inspector: _____ Badge No. _____ Date: _____



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SPRINKLER SYSTEM ABOVEGROUND CHECKLIST

BUSINESS NAME: _____ DATE: _____

ADDRESS: _____ PERMIT NUMBER: _____

INSTALLER: _____ LICENSE NUMBER: _____

_____ Approved set of plans and permit on site

_____ Pipe hangers properly supporting pipe

_____ Nothing resting on pipe runs

_____ Sprinkler heads properly spaced and not obstructed or painted

_____ Inspectors test in an acceptable location downstream of waterflow alarm and properly labeled

_____ Hydrostatic test of 200 psi for 2 hours, and bleed pressure after test.

_____ Flow test activates fire alarm within 90 seconds

_____ Check tamper switches and activation of supervisory signal on fire alarm panel, include tamper switch on PIV

_____ Witness main drain test and verify on hydraulic graph chart

_____ Hydraulic calculation plate installed

_____ Head box mounted with extra heads and wrenches including Knox cap wrench

_____ Riser protected by sprinkler head

_____ Penetrations through fire rated walls sealed properly

_____ Test paperwork signed and a copy returned to Fire Marshal's Office

_____ System reset, put in service, and tagged properly

Comments: _____

Fire Suppression System Installer: _____ Date: _____

Fire Inspector: _____ Badge No. _____ Date: _____



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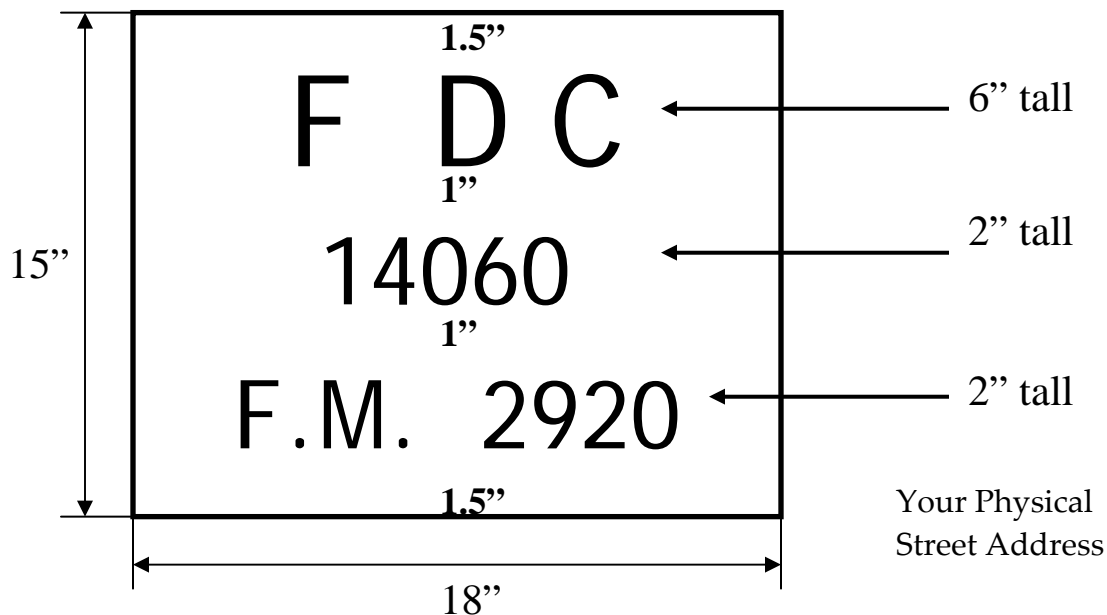


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FIRE DEPARTMENT CONNECTION (FDC) SIGN DESIGN REQUIREMENTS

1. Sign shall be constructed from a 15" high by 18" wide metal substrate no thinner than .063.
2. Sign shall have square corners.
3. Background color of the sign shall be "Fire Engine Red" non-reflective.
4. White reflective letters shall be used as set out below.
5. Letter shall be a font comparable to "Folio medium" or "Helvetica medium".
6. Sign shall be permanently attached to a wall directly above fire department connection (FDC) or below freestanding FDC. It shall be 72" from the ground to the bottom of the sign, unless otherwise approved by Fire Marshal.
7. First line (FDC) shall be 6" high letters with 3" between each letter.
8. Second and third lines shall be 2" high with 1/2" spacing between letters.
9. There shall be a 1" margin completely around sign and 1" spacing between lines of text.
10. There shall be 2" spacing between complete words.
11. Second and third line shall have address of building or suite number that system provides for.

EXAMPLE





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Fire Lanes

All fire lanes shall be reviewed and approved by the Fire Marshal prior to installation. All fire lanes shall be installed in accordance to the below listed items.

I. GENERAL GUIDELINES

- 1) All new and existing buildings within the city shall have adequate access for the Fire Department apparatus. The Fire Marshal and building owner/tenant shall designate fire lanes. In no case shall a fire lane be less than twenty (24) feet in width and have a vertical clearance no less than fourteen (14) feet. All fire lanes shall be marked on both sides as a travel lane, including behind parking spaces and dead-end drives.
- 2) All fire lanes shall extend to within one hundred-fifty (150) feet of all exterior portions of the facility and exterior walls of the first story of the building as measured by an approved route.
- 3) All fire lanes shall be posted and marked, and shall be designated as tow away zones by the building owner/tenant. All fire lanes within the city shall be marked using signs, pavement markings or curb markings with the following specifications:
 - a. **Pavement Markings** – All pavement markings shall be installed using red and white traffic paint. The boundaries of the fire lane shall be identified by red stripes at least six (6) inches wide. The words "FIRE LANE – NO PARKING – TOW AWAY ZONE" shall appear in four (4) inch white letters at twenty-five (25) foot alternating intervals on the red border markings.
 - b. **Curb Markings** – Curb markings shall be painted in red traffic paint from the top seam of the curb to a point even with the driving surface. The words "FIRE LANE – NO PARKING – TOW AWAY ZONE" shall appear in four inch letters at 25 foot intervals along the curbs
- 4) Signs may be used in lieu pavement markings, as approved. Signs shall conform to the standards listed below and in accordance to City of Tomball ordinance Sec. 34-74 a) Signs shall read "NO PARKING FIRE LANE TOW-AWAY ZONE". Signs shall be 12" wide and 18" high. Signs shall be painted on a white background with letters and borders in red, using not less than 2" lettering. Signs shall be permanently affixed to a stationary post and the bottom of the sign shall be six feet, six inches (6'6") above finished grade. Signs shall be spaced not more than thirty feet (30') apart. Signs may be installed on permanent buildings or walls or as approved by the Fire Marshal.

II. BUILDINGS EXCEEDING 30 FEET IN HEIGHT

Fire apparatus access roads for buildings exceeding three stories or thirty (30) feet in height shall be provide with at least three means of fire apparatus access.



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III. REQUIREMENTS FOR LARGE AREA BUILDINGS

Buildings exceeding sixty-two thousand (62,000) square feet in area shall provide two separate approved fire apparatus access roads.

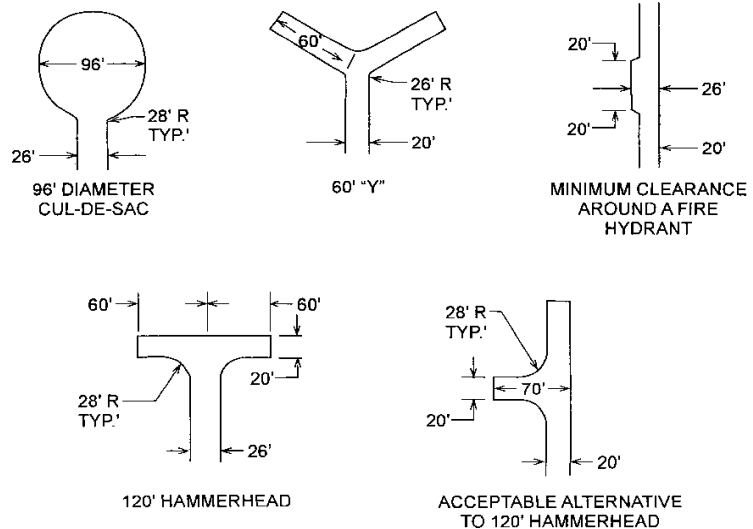
Exception: Projects with a gross building area up to one hundred twenty-four thousand (124,000) square feet may have a single approved fire apparatus access road when all buildings are equipped with an approved automatic sprinkler system.

IV. AERIAL FIRE APPARATUS ACCESS ROADS

- 1) Buildings or portions of buildings or facilities exceeding 30 feet in height above the lowest level of fire department vehicle access shall be provided with approved fire access roads capable of accommodating fire department aerial apparatus. Overhead utility and power lines shall not be located within the aerial fire apparatus access roadway.
- 2) Fire apparatus access roads shall have a minimum unobstructed width of 26 feet in the immediate vicinity of any building or portion of building more than 30 feet in height.
- 3) At least one of the required access routes meeting this condition shall be located within a minimum of 15 feet and a maximum of 30 feet from the building, and shall be positioned parallel to one entire side of the building.



DEAD-END FIRE APPARATUS ROAD TURNAROUND





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FIRE ALARM CHECKLIST

PREMISES TO BE PROTECTED

Premises Owner: _____

Premises Location: _____

Owner's Mailing Address: _____

Owner's Telephone No.: _____

ALARM SYSTEM

LOCAL _____ REMOTE _____ CENTRAL STATION _____ PROPRIETARY _____ AUX. _____

OTHER (Specify) _____

NAME OF INSTALLER/COMPANY: _____

COMPANY ADDRESS: _____

LICENSE/CERTIFICATION No.: _____

ADDRESS: _____

PHONE: _____

ZONE/CODED SYSTEM: YES _____ NO _____ NAME OF ZONES: _____

MONITORING COMPANY: _____

SYSTEM SPECIFICATIONS

NUMBER OF PULL STATIONS: _____ NUMBER OF HEAT DETECTORS: _____

NUMBER OF SMOKE DETECTORS: _____ TYPE OF SMOKE DETECTORS: _____

NUMBER OF DUCT DETECTORS: _____ ARE THEY LABELED BELOW CEILING _____



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SMOKE DETECTOR OVER FACP AND PANEL EASILY FOUND AND LABELED:

YES _____ NO _____

FACP INSTRUCTIONS ON PANEL AND INSTALLATION TAG IN PLACE:

YES _____ NO _____

COVERAGE: COMPLETE _____ PARTIAL (SPECIFY) _____

ADDITIONAL APPLIANCES NSTALLED: _____

SYSTEM MEETS A.D.A. REQUIREMENTS: YES _____ NO _____

MODEL No: _____ SERIAL No.: _____

PHONE LINE # 1: _____ PHONE LINE # 2: _____

A/C OPERATION OK _____ D/C OPERATION OK _____

CIRCUIT PANEL LABELED _____ NUMBER OF ZONES _____

F.A.C.P. OPERATIONAL _____ F.A.C.P. w/DEFAULT PHONE _____

TROUBLE ALARM _____ TAMPER ALARM OK _____

FLOW ALARM OK _____ HVAC SHUTDOWN _____ BATTERIES DATED _____

MAIN DRAIN TEST _____ SEPARATE BUILDINGS ZONED SEPARTELY _____

ELEVATOR RECALL OPERATIONAL? YES _____ NO _____

NOTES: _____

SYSTEM PASSED TESTING YES: _____ NO: _____

Fire Alarm System Installer: _____ Date: _____

Fire Inspector: _____ Badge No. _____ Date: _____



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COMMERICAL COOKING SUPPRESSION CHECKLIST

BUSINESS NAME: _____ DATE: _____

ADDRESS: _____ PERMIT NUMBER: _____

INSTALLER: _____ LICENSE NUMBER: _____

- _____ Approved set of plans and permit on site
- _____ UL 300 wet chemical system
- _____ Provide proper coverage
- _____ Observe activation of system through fuse link cutting
- _____ Observe gas and all electric shut-off under hood, including lights
- _____ Check nozzle operation by air blow-out test
- _____ Gas shut off valve visible and accessible
- _____ Make up air shut off and exhaust stayed on upon activation
- _____ System tied into fire alarm and zoned correctly, if no building fire alarm a local bell is required
- _____ Hood, duct and ventilation installed properly
- _____ Manual pull in path of exit
- _____ Class K extinguisher and sign within 30 feet of system
- _____ System operated satisfactory
- _____ System was reset and tagged properly

Comments: _____

Fire Suppression System Installer: _____ Date: _____

Fire Inspector: _____ Badge No. _____ Date: _____



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

PAINT BOOTH SUPPRESSION CHECKLIST

BUSINESS NAME: _____ DATE: _____

ADDRESS: _____ PERMIT NUMBER: _____

INSTALLER: _____ LICENSE NUMBER: _____

- _____ Approved set of plans and permit on site
- _____ Dry system or special system requirements
- _____ Provide proper coverage
- _____ Observe activation of system through fuse link cutting
- _____ Observe gas and all electric shut-off under hood, including lights
- _____ Check nozzle operation by air blow-out test
- _____ Gas shut off valve visible and accessible
- _____ All air shuts off on activation
- _____ System tied into fire alarm and zoned correctly, if no building fire alarm a local bell is required
- _____ Duct and ventilation installed properly
- _____ Manual pull in path of exit
- _____ Approved fire extinguisher within 75 feet of system
- _____ System operated satisfactory
- _____ System was reset and tagged properly

Comments: _____

Fire Suppression System Installer: _____ Date: _____

Fire Inspector: _____ Badge No. _____ Date: _____



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FIRE PUMP CHECKLIST

BUSINESS NAME: _____ DATE: _____

ADDRESS: _____ PERMIT NUMBER: _____

INSTALLER: _____ LICENSE NUMBER: _____

_____ Witness testing of pump at 100% and at 150% of rated capacity for 5 minutes

_____ Test controller, supervision, and pressure relief

_____ Check for a dedicated electrical power source and that the electrical connection is before the service connection to the building.

_____ Alternate power supplies shall be tested according to NFPA 20 and manufacturer specifications. The transfer of power shall take place in the pump room.

_____ System reset, put in service, and tagged properly

Comments: _____

Fire Suppression System Installer: _____ Date: _____

Fire Inspector: _____ Badge No. _____ Date: _____



CITY OF TOMBALL
Fire Marshal's Office
 501 James Street
 Tomball, Texas 77375
 281-290-1440 office
 281-290-1439 fax
 firecode@ci.tomball.tx.us



Business Name _____
 Business Address _____
 Business Phone _____ Date _____
 Person Responsible _____

FIRE INSPECTION NOTICE

NOTICE OF FIRE SAFETY VIOLATIONS: You are hereby notified that an inspection of your premises has disclosed the following fire and/or life safety violations of the provisions of appropriate local and state fire and life safety codes.

FIRE PROTECTION SYSTEM

- ___ Fire alarm system inspected annually*
- ___ Provide copy of Fire Alarm maintenance contract
- ___ Smoke / Heat detectors inoperative
- ___ Sprinkler system monitored and inspected annually*
- ___ 3ft. clearance for fire appliances
- ___ System valves secured in open position
- ___ Approved FDC sign – per instructions
- ___ 18" clearance below sprinkler heads
- ___ Spare heads and wrench at control valve
- ___ Damaged, corroded, or painted sprinkler heads

FIRE EXTINGUISHERS

- ___ Approved fire extinguisher – serviceable type
- ___ Clear access, mounted properly
- ___ Tagged, inspected annually*

MISCELLANEOUS

- ___ Fire lanes properly marked
- ___ Address plainly visible from street (4 x 1/2 min)
- ___ Required permits properly posted
- ___ Proper keys in Knox box
- ___ Doors labeled properly - electrical, mechanical, roof, etc.
- ___ Permits current

ELECTRICAL

- ___ No permanent use of extension cords
- ___ Cover plates on junction boxes, outlets, panel boxes
- ___ 30" clearance in front of electrical panel
- ___ Remove unapproved decorative lighting (90 day limit)
- ___ Wiring not in compliance with electrical code
- ___ Appliance cords faulty
- ___ Cords cannot go through ceiling, walls, or doors
- ___ Electric Cut-Off / meter boxes - labeled

STORAGE AND HOUSEKEEPING

- ___ Storage too high (18" spklr/24" non-spklr)
- ___ Flammables - combustibles improperly stored, handled, processed, labeled
- ___ Holes in walls / ceiling, missing ceiling tiles
- ___ Secured compressed gas cylinders to fixed object
- ___ High grass, weeds, brush
- ___ Accumulation of trash, debris, dust, lint, waste
- ___ Interior finishes, decoration flame-proofed

COMMERCIAL COOKING SUPPRESSION

- ___ UL 300 wet chemical system
- ___ Proper coverage
- ___ Hood duct and filter clean every 6 months
- ___ Class K extinguisher and sign within 30 feet of system
- ___ Tagged, inspected biannually*

EXITS

- ___ Doors - locked, blocked, inoperative, swing wrong dir.
- ___ Doors - open without key or special effort
- ___ Exits are clear / unobstructed
- ___ Stairs obstructed, defective, improperly maintained
- ___ Self-closing devices installed (no kick downs)
- ___ Approved Exit signs - illuminated
- ___ Emergency lighting

*Inspection must be conducted by licensed inspector

Comments: _____

ORDER TO COMPLY: As such conditions are contrary to law, you are hereby required to correct said conditions upon receipt of this notice. An inspection to determine whether you have complied will be conducted on or after _____. Failure to comply with the foregoing orders before the date of such reinspection may render you liable provided by law for such violation.

RECEIVED BY _____

INSPECTOR _____



CITY OF TOMBALL
Department of Public Works



BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

NAME OF PROPERTY: _____
 PROPERTY ADDRESS: _____
 CITY: _____, STATE: _____, ZIP: _____ KEY MAP: _____, PHONE: _____
 MAILING ADDRESS: _____ CONTACT BUSINESS: _____

Send This Original Report to: *Tomball Public Works Department, 501 James Street, Tomball, TX 77375*

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-Chapter 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S INTERNATIONAL PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS

TYPE OF ASSEMBLY

- REDUCED PRESSURE PRINCIPLE (RP) REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD) PRESSURE VACCUM BREAKER (PVB)
 DOUBLE CHECK VALVE (DCV) DOUBLE CHECK VALVE PROTECTOR (DCD) SPILL-RESISTANT PRESSURE VACCUM BREAKER (SVB)

MANUFACTURER _____ MODEL# _____ SIZE _____ SERIAL NUMBER _____
 LOCATED AT: _____ DATE INSTALLED: _____

Is the assembly installed in accordance with manufacturer recommendations and/or City's International Plumbing Code?

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACCUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEVE VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSI LEAKED <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSI LEAKED <input type="checkbox"/>
REPAIRS** AND MATERIAL USED					
FINAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI	CLOSED TIGHT <input type="checkbox"/> _____ PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

TEST GUAGE USED: MODEL/MAKE: _____ S/N: _____ CALIBRATION DATE: ____/____/____ {Tested annually}

REMARKS: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING

Backflow Test Status Pass Fail

CONTRACTOR'S FIRM NAME: _____

CERTIFIED TESTER NAME: _____

FIRM ADDRESS: _____

CERTIFIED TESTER NO.: _____

TEST DATE: _____

FIRM PHONE#: _____

C.O.T WITNESS: _____ BADGE #: _____

TEST REPORTS MUST BE KEPT FOR THREE YEARS.
 TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THERAFTER
 MUST USE ONLY MANUFACTURERS' REPLACEMENT PARTS.

Contractor Registration Form

Knox FDC Program

For _____
(Fire Department Name)

City _____ State _____

The fire department named above has implemented the Knox FDC Cap™ Program for property owners within its jurisdiction. Limited use of a Knox Keywrench™ will be made available to certain contractors who are authorized by fire departments to access sprinkler systems using the Knox FDC Cap™.



In order to obtain a Knox Keywrench™ for such limited use, you must: **(1)** complete and execute this form, **(2)** deliver the completed form to the fire department named above together with a check made payable to “Knox Company” in the amount of \$35.00 (a use fee payment for the Keywrench)**(3)** obtain the signature of an authorized fire official on this form authorizing you to receive a Keywrench and **(4)** cause the fire department to return the executed form to the Knox Company on your behalf. Upon acceptance of your registration form and the use fee, the Knox Company will assign a unique identification number to your Keywrench. The Knox Company reserves the right to reject any request to obtain a Knox Keywrench™, in its sole and absolute discretion (in which case, the Knox Company will promptly return your check).

The Knox Keywrench™ delivered to you remains the sole and exclusive property of the Knox Company and may only be used by your company, on a limited basis, in a manner consistent with the “Terms and Conditions of Use” described in this form. The Knox Company may demand return of the Knox Keywrench™ at any time.

Lost or Destroyed Knox Keywrench™

If your Knox Keywrench™ is lost, stolen, damaged or destroyed, you must notify the Knox Company immediately. You may order a replacement Knox Keywrench™ by completing and delivering to the Knox Company a Replacement Keywrench Certification (which can be requested from the Knox Company) together with a check in the amount of \$35.00, made payable to “Knox Company”. The Knox Company reserves the right to refuse to deliver a replacement Knox Keywrench™ to you, in its sole and absolute discretion (in which case, the Knox Company will promptly return your check).

Change Notice

Changes in authorized signatures must be submitted to the Knox Company on a Knox change request form or on official fire department letterhead by the pertinent fire department and executed by an authorized fire official.

State of Responsibility

Knox Company hereby authorizes its officers, employees, and agents to accept the authorized signatures on this form when supplying products of a sensitive nature (Knox Keywrenches™) to a fire department or other public agency. Knox Company responsibility extends only to the reasonable conclusion that the authorized signature on any order has been made by a party whose signature appears on this form.



Please type or print the following information:

1. Company Name _____
 Street Address _____
 Mailing Address _____
 City _____ County _____
 State _____ Zip _____ Phone (_____) _____
 Fax (_____) _____ E-mail _____

2. Briefly describe your type of business and intended Knox Keywrench™ use.

3. Knox FDC Cap™ Program Contact
 The Knox FDC Cap Program contact for your company.
 Name _____ Title _____

4. Authorized Signatures - Authorized signatures are required to order a replacement Knox Keywrench™, delete/add names and authorized signatures and control access to the Knox Keywrench™.

- 5. Terms and Conditions of Use**
 In order for the Knox Company to maintain the integrity of the Knox FDC Cap Program, Knox requires that all persons who will use Knox Keywrenches be bound by the following "Terms and Conditions of Use." Therefore, each person signing below acknowledges and agrees that:
- a. All Knox Keywrenches™ delivered to you will remain the sole and exclusive property of the Knox Company and may only be used in accordance with these Terms and Conditions of Use.
 - b. Only the persons who are authorized signatories for the Knox FDC Cap Program will be permitted to maintain and control access to any Knox Keywrench™. Such persons assume complete responsibility for improper use, damage or loss of any Keywrench.
 - c. Knox Keywrenches™ must not be released to any person who is not employed by the company named above or to any non fire department person.
 - d. Authorized signatories are responsible for notifying any person of these Terms and Conditions of Use before allowing their use of a Knox Keywrench™.
 - e. All Knox Keywrenches™ will be kept in a secure place maintained in good condition.
 - f. Authorized signatories will immediately return Knox Keywrenches™ at the request of the Knox Company, in good condition, ordinary wear and tear resulting from proper use accepted.
 - g. They will immediately notify the Knox Company of loss, theft, damage or destruction to or of any Knox Keywrench™.
 - h. Each of the persons signing below, and the company named above, shall jointly and severally indemnify and hold the Knox Company harmless from any losses, damages or liabilities (including, without limitation, reasonable attorneys fees) arising out of, or resulting from the failure to comply with these Terms and Conditions of Use or from the loss of any Knox Keywrench™ delivered to the company named above.
 - i. You will not duplicate, alter or intentionally damage the Knox Keywrench™ in any manner whatsoever and will not use the Knox Keywrench™ if it has been damaged or altered in any manner whatsoever.
 - j. They will only use the Knox Keywrench™ for the limited purpose of accessing sprinkler systems that use the Knox FDC Cap (for which they have the authority to do so).

Please sign below to confirm your acknowledgement and agreement with the above "Terms and Conditions of Use" and record authorized signatures. Please stay within the space provided.

Print Name and Title	Authorized Signature	Date

Fire Department Authorization

Print Name and Title	Authorized Signature	Date



CITY OF TOMBALL
 Fire Marshal's Office
 501 James Street
 Tomball, Texas 77375
 281.290.1440 O
 281.290.1439 F
 firecode@ci.tomball.tx.us



Business Name _____
 Business Address _____
 Person Responsible _____
 Business Phone _____ Date _____

Fire Prevention Permits

Type of Permit	Amount	X	Reason for Permit
Administrative Fee	\$5.00	X	One time fee
Aerosol Products	\$100.00		To manufacture, store or handle
Amusement Buildings	\$100.00		To operate
Aviation Facility	\$150.00		Aircraft servicing or repair of
Carnivals and Fairs	\$150.00		To conduct
Covered Mall Buildings	\$50.00		For salable goods inside covered mall buildings
Cutting and Welding	\$75.00		To conduct cutting or welding operations
Cellulose Nitrate Film	\$100.00		To store, handle or use
Combustible Dust Products	\$100.00		To operate a facility that creates combustible dust
Compressed Gases	\$100.00		To store, operate or use
Cryogenic Fluids	\$100.00		To produce, store, or transport
Combustible Fibers	\$125.00		To store or handle, greater than 100 cu. ft.
Dry Cleaning Plants	\$100.00		To engage in the business of
Exhibits and Trade Show	\$75.00		To operate
Fumigation & Insecticide Fogging	\$50.00		To operate a business of fumigation
Flammable and Combustible Liquids	\$75.00		To store, handle or use Class I liquids in excess of 5 gal. inside a building or 10 gal. outside a building See cond.
Floor Finishing (including bowling lanes)	\$100.00		To finish or surface over 350 sq. ft.
High Piled Storage	\$75.00		For storage within a building exceeding 500 sq. ft. over 12ft.
Hot Work Operations	\$75.00		Welding, cutting or roofing operations
Hazardous Materials	\$150.00		To store, transport on site, use or handle
Industrial Ovens	\$100.00		To operate
Knox Box (1)	\$25.00		For the installation of
Two (2) or more – same property	\$50.00		
- Apparatus Access, Gate Override	\$40.00		
- Each additional one = \$25, (Max \$125)			
Liquid or Gas Fueled Vehicles in Assembly Building	\$100.00		To operate, display or demonstrate in a Group A occupancy
LP-Gas	\$100.00		To store or use, operation of tankers that transport LP gas
Magnesium Working	\$150.00		To melt, cast, heat treat or grind
Miscellaneous Combustible Storage	\$100.00		To store in excess of 2500 cu. ft. combustible packing material, boxes, crates, barrels, tires, cork
Motor Vehicle Fuel Dispensing	\$100.00		To operate fuel tank or station
Organic Coatings	\$100.00		Producing more than one (1) gallon a day
Places of Assembly 50-100	\$75.00		To operate with occupancy of 50-100 persons
Places of Assembly 101-299	\$100.00		To operate with occupancy of 101-299 persons
Places of Assembly 299 or more	\$125.00		To operate with occupancy of 299 or more persons
Pyrotechnic (special effects material)	\$150.00		To use
Roofing – Asphalt Kettle (1)	\$100.00		To operate – Permit must be posted at location
- Each additional one \$75, Max \$250			
Repair Garage	\$100.00		To operate
Small Arms & Explosives, including Fireworks	\$150.00		For the manufacture, storage, sale or use of
Spray or Dipping	\$150.00		To conduct
Temporary Structures, Tents & Canopies	\$75.00		To operate Tent over 200 sq. ft. or Canopy over 400 sq. ft.
Tire Storage	\$100.00		To establish, conduct or maintain storage that exceeds 2500 cu. ft.

Mail or Drop this completed application to: Permits - 501 James St. - Tomball, TX 77375

I understand that the permit I have applied for may be revoked at any time for violation of the terms and conditions under which it is granted, or for any violation of the City of Tomball Fire Codes and Ordinances pertaining thereto. I also understand that this permit must be posted at the location indicated as the permitted premises.

 Signature of Applicant

\$ _____
 Total