

Stephenville Fire Department Fire Prevention Division

1301 Pecan Hill Dr., Stephenville, Texas 76401
Phone: 254-918-1250 Fax: 254-918-1290
www.ci.stephenville.tx.us/

ALTERNATE FIRE-EXTINGUISHING PERMIT		
PERMIT #: (OFFICIAL USE ONLY)	DATE:	
CONTRACTOR INFORMATION NAME: ADDRESS: ECR #:	PROJECT INFORMATION NAME: ADDRESS:	
FIRST SUBMITTAL (1) <input type="checkbox"/> (CHECK ONE)	RESUBMITTAL (1) <input type="checkbox"/>	ADDITIONAL SUBMITTAL <input type="checkbox"/> (BOTTLES/NOZZLES ADDED, REMOVED, OR RELOCATED) (1)(2)
NUMBER OF NOZZLES INSTALLED:		

PERMIT FEES

FLAT PERMIT FEE: N/A

FEES INCLUDE ONE PERMIT, FIELD INSPECTIONS, AND PLAN REVIEW.

REFERNCE NOTES:

- 1) FULL SET OF PLANS AND EQUIPMENT SPECIFICATION CUT SHEETS REQUIRED. PLANS ARE **NOT REQUIRED** FOR PRE-ENGINEERED KITCHEN HOOD SYSTEMS.
- 2) REQUIRED IF ADDING AND/OR RELOCATING MORE THAN ONE BOTTLE OR MORE THAN ONE NOZZLE OF THE NOZZLE COUNT AS INDICATED ON THE PERMIT APPLICATION PRIOR TO TIME OF INSPECTION OR REQUIRED BY FIRE INSPECTOR AT TIME OF INSPECTION.

ALL SYSTEMS MUST BE TESTED BY A STATE LICENSED INDIVIDUAL IN THE PRESENCE OF FIRE DEPARTMENT INSPECTOR.

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REFER TO THE 2006 EDITION OF THE ICC CODES AND THE CITY OF STEPHENVILLE FIRE CODE AMENDMENTS. THE PLANNER SHALL MARK WITH AN "X" EACH LINE BELOW TO INDICATE THE INFORMATION IS INCLUDED WITH THE SUBMITTAL OR INDICATE WITH "N/A" IF NOT APPLICABLE. **INCOMPLETE PERMIT APPLICATIONS WILL BE RETURNED WITHOUT A REVIEW.**

**PROVIDE THE FOLLOWING ON ALL PLAN SHEETS (3 SETS REQUIRED):
ALL PLANS SHOULD BE FOLDED TO FIT AND 8 ½" x 11" FOLDER**

	COMPANY NAME, ADDRESS, PHONE NUMBER, AND STATE LICENSE NUMBER.
	PLANNER'S NAME, LICENSE NUMBER, AND ORIGINAL SIGNATURE (EXCEPTION: "PRE-ENGINEERED" SYSTEMS)
	PROJECT NAME AND ADDRESS
	SCALE (1/8" = 1' MINIMUM, 1/16" = 1' ACCEPTABLE FOR LARGE BUILDINGS)
	OCCUPANCY CLASSIFICATION
	TYPE AND AMOUNT OF SUPPRESSION AGENT
	INDICATE IF "PRE-ENGINEERED" SYSTEM
	VOLUMETRIC CALCULATION OF ENCLOSURE WITH AMOUNT OF AGENT (EXCEPTION: "PRE-ENGINEERED" SYSTEM)
	INDICATE UNCLOSABLE OPENINGS
	ROOM IDENTIFICATION OR USE
	INDICATE AREAS THAT ARE OCCUPIED
	ENCLOSURE CROSS SECTION DETAIL OF WALL, CEILING, AND FLOOR ASSEMBLIES.
	IDENTIFICATION OF AREAS SURROUNDING ENCLOSURE
	LOCATION OF DAMPERS
	PIPING ISOMETRIC INDICATING NOZZLES, NODES, PIPE SIZE, AND PIPE LENGTH
	AGENT CONTAINER, PIPE, AND NOZZLE LOCATION
	DETAIL OF SECUREMENT OF BOTTLES AND PIPE HANGERS TO STRUCTURE
	"CLOUD" REVISIONS ON RESUBMITTAL OR ADDITIONAL SUBMITTAL

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PROVIDE THE FOLLOWING IN THE EQUIPMENT SUBMITTAL (3 SETS REQUIRED):

	COVERSHEET INDICATING NAME, ADDRESS, AND STATE LICENSE #
	SCOPE OF WORK
	PRE-ENGINEERED SYSTEMS ONLY: MANUFACTURER'S INFORMATION INDICATING PRE-ENGINEERED SYSTEMS LIMITATIONS, PIPE SIZE, NOZZLE COVERAGE, ECT.
	MANUFACTURER CUT SHEETS FOR ALL EQUIPMENT TO BE INSTALLED INCLUDING, BUT NOT LIMITED TO AGENT TYPE, AGENT CONTAINER, AGENT ACTUATOR, NOZZLES, HANGERS, SIGNAGE, TYPE OF PIPE, AND PIPE FITTINGS. IDENTIFY WITH ARROW (HIGHLIGHT) WHICH MODEL WILL BE INSTALLED. (EXCEPTION: "PRE-ENGINEERED" SYSTEMS)
	AGENT FLOW CALCULATION INCLUDING, BUT NOT LIMITED TO AMOUNT OF AGENT, PIPE SIZES, PIPE LENGTHS, NOZZLE IDENTIFICATION, ENCLOSURE VOLUME AND DISCHARGE TIME. (EXCEPTION: "PRE-ENGINEERED" SYSTEMS)

I HEREBY CERTIFY THAT THIS SUBMITTAL CONTAINS THE ABOVE INFORMATION AS REQUIRED BY THE CITY OF STEPHENVILLE CODES AND STANDARDS.

SIGNATURE: _____
(MUST BE SIGNED BY SAME PERSON THAT SIGNED PLANS)

EPL # _____

PRINT NAME: _____

TELEPHONE # _____