

# Stephenville Fire Department

## Fire Prevention Division

1301 Pecan Hill Dr., Stephenville, Texas 76401

Phone: 254-918-1202 Fax: 254-918-1241

[www.stephenvilletx.gov](http://www.stephenvilletx.gov)

<b>FIRE ALARM PERMIT</b>		
PERMIT #: (OFFICIAL USE ONLY)	DATE:	
<p style="text-align: center;">CONTRACTOR INFORMATION</p> <p>NAME:</p> <p>ADDRESS:</p> <p>ACR #:</p>	<p style="text-align: center;">PROJECT INFORMATION</p> <p>NAME:</p> <p>ADDRESS:</p> <p>JOB VALUATION: \$</p>	
FIRST SUBMITTAL [ ] (CHECK ONE)	RESUBMITTAL (6) [ ]	ADDITIONAL SUBMITTAL [ ] (DEVICES ADDED, REMOVED, OR RELOCATED) (6)(7)
NUMBER OF DEVICES INSTALLED (1)(4)(5):		
NUMBER OF ADDITIONAL PANELS INSTALLED (2):		
NUMBER OF FLOORS WITH DEVICES INSTALLED (3):		

**Plans shall be submitted in PDF format to [permits@stephenvilletx.gov](mailto:permits@stephenvilletx.gov)**

### PERMIT FEES

Value up to \$6,250	\$210.00
VALUE \$6251 to \$250,000	\$310.00
VALUE \$250,001 to \$500,000	\$438.00
VALUE \$500,001 to \$1,000,000	\$567.00
VALUE \$1,000,001 to \$3,000,000	\$825.00
VALUE \$3,000,001 to \$6,000,000	\$1,236.00
VALUE \$6,000,001 and up	\$2,400.00 +
PRO-RATED FOR EACH \$1,000 above \$6,000,000	\$0.40

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

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**REFERNCE NOTES:**

- 1) INCLUDES ADDING NEW AND/OR RELOCATING EXISTING INITIATING DEVICES, INDICATING DEVICES, RELEASING DEVICES, OR FIRE SYSTEM RELATED PANELS.
  - a. EXCEPTION: NO FEE OR PLAN SUBMITTAL REQUIRED WHEN RELOCATING FIVE OR LESS EXISTING DEVICES.
- 2) INCLUDES FIRE ALARM PANELS, VOICE EVAC PANELS AND TRANSPONDERS (EXCLUDES NOTIFICATION POWER SUPPLIES AND REMOTE ANNUNCIATORS).
- 3) DOES NOT INCLUDE ELEVATOR RECALL SYSTEMS.
- 4) INSTALLATION OF ONE FIRE SYSTEM RELATED PANEL WILL REQUIRE A CUT SHEET AND BATTERY CALCULATION.
- 5) SCOPE OF WORK REQUIRED.
- 6) FULL SET OF PLANS AND EQUIPMENT SUBMITTAL REQUIRED, EXCLUDE EQUIPMENT LIST IF ONLY RELOCATING.
- 7) REQUIRED IF ADDING AND/OR RELOACTING MORE THAN 10% OF THE TOTAL DEVICE COUNT AS INDICATED ON THE PERMIT APPLICATION PRIOR TO TIME OF INSPECTION OR REQUIRED BY FIRE INSPECTOR AT TIME OF INSPECTION.

REFER TO THE 2015 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.**

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**PROVIDE THE FOLLOWING ON ALL PLAN SHEETS:**

	COMPANY NAME, ADDRESS, PHONE NUMBER, AND STATE LICENSE NUMBER.
	PLANNER'S NAME, LICENSE NUMBER, AND ORIGINAL SIGNATURE
	PROJECT NAME AND ADDRESS
	IDENTIFICATION OF AREAS THAT ARE "NOT IN CONTRACT"
	ROOM IDENTIFICATION AS TO USE
	CEILING CONSTRUCTION AND HEIGHT (IF DEVICES ARE CEILING MOUNTED)
	POINT-TO-POINT WIRING FROM FIRE RELATED PANELS TO ALL DEVICES
	ZONE OR ADDRESS POINT IDENTIFICATION OF INITIATING DEVICES
	CIRCUIT IDENTIFICATION OF INDICATING AND RELEASING DEVICES
	STROBE AND CANDELA RATING
	SPEAKER TAP INFORMATION
	"CLOUD" OR INDICATE, REVISIONS ON RESUBMITTAL OR ADDITIONAL SUBMITTAL

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	OCCUPANCY CLASSIFICATION AND OCCUPANT LOAD
	INDICATE NEW OR EXISTING BUILDING
	CONDUCTOR TYPES AND GAUGES
	CONDUIT TYPES AND SIZES
	SYMBOL LEGEND
	SCHEMATIC RISER DIAGRAM
	INPUT/OUTPUT MATRIX OR NARRATIVE DEFINING THE SEQUENCE OF EVENTS
	DESCRIPTION OF SYSTEM MONITORING

**PROVIDED THE FOLLOWING FOR THE EQUIPMENT SUBMITTAL:**

	COVERSHEET INDICATING NAME, ADDRESS, AND PERMIT NUMBER OF PROJECT.
	SCOPE OF WORK
	MANUFACTURER CUT SHEET FOR ALL FIRE RELATED PANELS, WIRE, AND ALL DEVICES INDICATING THE APPLICABLE CURRENT DRAW, DECIBEL RATING, ETC. IDENTIFY WITH ARROW, OR OTHERWISE INDICATE, WHICH MODEL WILL BE INSTALLED.
	BATTERY CALCULATIONS FOR ALL FIRE SYSTEM RELATED PANELS
	VOLTAGE DROP CALCULATIONS FOR INDICATING AND RELEASING DEVICES
	AMPLIFIER LOAD CALCULATIONS
	U.L. COMPATIBILITY LISTING BETWEEN SYSTEM COMPONENTS AND THE FACP

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)

APS # OR P.E. # \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_