BEXAR COUNTY FIRE MARSHAL'S OFFICE

9810 Southton Road SAN ANTONIO, TX 78223 (210) 335-0300 Fax: (210) 335-0330

APPLICATION FOR BUILDING/SYSTEM(S) PERMITS & WORK AUTHORIZATIONS

SELECT TYPE OF PERMIT OR WORK AUTHORIZATION REQUESTED

☐ Residential Building Voluntary – Not required by law (***Complete all Sections***)	☐ Electrical Work Authorization (***Skip Sections B & D***)
☐ Commercial or Public Access Building (***Complete all Sections***)	☐ HVAC Work Authorization (***Skip Sections B & D***)
☐ Modular or Mobile Building Installation (***Complete all Sections***)	☐ Plumbing Work Authorization (gas only) (***Skip Sections B & D***)
☐ Temporary (<1 yr.) Membrane/tent (<90 days) (***Complete all Sections***)	
☐ Vent/Hood Suppression System (***Skip Sections B & D***)	☐ Fuel Tank Removal (Above or Below Ground) (***Skip Sections B & D***)
☐ Fire Sprinkler System (***Skip Section B***)	☐ Fuel Tank Installation (Above or Below Ground) (***Skip Sections B & D***)
☐ Fire Alarm System/Sprinkler Monitoring (***Skip Sections B & D***)	☐ Fuel System Line Installation (***Skip Sections B & D***)
☐ Alternative Fire Suppression System (***Skip Sections B & D***)	
☐ Smoke Control System (***Skip Section B & D***)	
☐ Underground System – sprinkler/hydrants (***Skip Sections B & D***)	
☐ Paint/Spray Booth Protection System (***Skip Sections B & D***)	☐ Electric Gate SOS Install Authorization (***Skip Sections B & D***)

SECTION A: PROJECT, BUILDING OWNER AND BUSINESS OWNER INFORMATION

Name of Building Project	Address of Project	City	Zip Code
Name of Building Owner/Company	**Address**	**City**	**State**

Phone # of Building Owner/Company	Fax # of Building Owner/Company	e-mail Address of Building Owner	Zip Code

Name of Business Owner/Company	Address	City	State

Phone # of Business Owner/Company	Fax # of Business Owner/Company	e-mail Address of Business Owner	Zip Code

Project Value $ (Total cost of building project)

TWO COMPLETE COPIES OF LICENSED ARCHITECT, ENGINEER, OR DESIGN PROFESSIONAL PRODUCED PLANS AND SPECIFICATIONS MUST BE ATTACHED TO THIS APPLICATION, ACCOMPANIED BY **NON-REFUNDABLE** PERMIT FEE AS REQUIRED BY THE FEE SCHEDULE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE **"BEXAR COUNTY CLERK".**

SECTION B: FIRE PROTECTION SYSTEM INFORMATION

System	Proposed	Required	System	Proposed	Required
Knox Box or Electric Operated Gate	☐	☐	Smoke Control System	☐	☐
Vent/Hood Suppression	☐	☐	Underground Fire Protection	☐	☐
Fire Sprinkler System	☐	☐	Paint/Spray Booth	☐	☐
Fire Alarm/Sprinkler Monitoring	☐	☐	Alternative Fire Suppression	☐	☐

SECTION C: BRIEFLY EXPLAIN THE USE OF THE BUILDING OR FACILITY BELOW

SECTION D: SPECIFY WASTE WATER TYPE AND WATER SOURCE FOR FIRE PROTECTION SYSTEMS / TDLR PROJECT

☐ San Antonio Water System	☐ TDLR PROJECT NUMBER (REQUIRED):
☐ Private Water Company Specify:	☐ Other Specify:
WASTEWATER SYSTEM: ☐ Public Sewer System	Specify Company or "None" If no water to structure:
☐ OSSF System (Standard, Aerobic, or Other - Public Works Environmental Services Authorization Rq'd)	(Interior Finish and Change of use only – All other applications require BPA) Public Works Environmental Svcs Authorization:_____

FOR OFFICE USE ONLY

Date Received:	*File #:*	*Building Permit #:*	*F.P. System or Fuel Permit #:*	*Work Authorization #:*
Permit Fee:	***Check/M.O. #:***	***Receipt #:***	***Received By:***	***Deposit to:***
$				☐ 001 ☐ 007
Date Completed:	***Map Grid/Pct #/Insp Dist.***	***Code Edition Used:***	***Construction Type:***	***Bld. Group Class.***
	/ /			
Building/Space/Suite/#	***Building Size***	***Occupant Load***	***Sprinkler System Required?***	***Fire Alarm Required?***
			☐ *Yes* / ☐ *No*	☐ *Yes* / ☐ *No*

Please Complete Side 2

SECTION E: TYPE OF WORK OR AUTHORIZATION TO BE REVIEWED

☐ New Building complete with Interior Finish-out	☐ Electrical Work Authorization (Attach Masters License)
☐ New Building – Shell Structure Only	☐ HVAC Work Authorization (Attach Masters License)
☐ New Building – Site Development and/or Foundation Only	☐ Plumbing Work Authorization (Attach Masters License)
☐ Modular or Mobile Building Installation	
☐ Interior Finish-out (completion) of Shell Structure/Space	☐ Electrically Operated Gate (SOS) Authorization
☐ Interior Remodel/Refinish (Substantial Improvement)	☐ Fuel Tank Removal – Underground/Above Ground
☐ Temporary Structure / Membrane Structure (tent)	☐ Fuel Tank Installation – Underground/Above Ground
☐ Fire Protection System Installation	☐ Fuel System Installation – Underground Lines

SECTION F: ARCHITECT/ENGINEER/DESIGNER INFORMATION

Architect/Engineer/Designer Company	Architect/Engineer/Designer Address	Architect/Engineer/Designer City	Zip Code

Name of Person making application:	Phone #:	e-mail Address:	License #:
	( )		

SECTION G: CONTRACTOR / BUILDER INFORMATION

Contracting Company	Contracting Company Address	Contracting Company City/State	Zip Code

Name of Person making application:	Phone #:	e-mail Address:	License #:
	( )		

Job Superintendent/Forman	Phone #	Cell Phone #	e-mail Address
	( )	( )	
Secondary Job Contact	Phone #	Cell Phone #	e-mail Address
	( )	( )	

If the property to be built upon is within the City of San Antonio Extra Territorial Jurisdiction (ETJ), you should contact San Antonio Developmental Services to determine if there are any ETJ requirements with which you must comply. If the property to be built upon is within the City of Helotes Extra Territorial Jurisdiction (ETJ), you should contact The City of Helotes to determine if there are any ETJ requirements with which you must comply.

I have read the completed application and know the same to be true and correct and hereby agree that if a permit and/or approved plans are issued, all provisions of the applicable County Fire Code will be complied with whether herein specified or not. I understand that if I do not check an item, which applies to the above address shown on page one of this application, I will be held responsible for additional fees and/or construction requirements as called for by the applicable County Fire Code.

THE APPLICANT SHALL BE RESPONSIBLE FOR INFORMING ALL PARTIES INVOLVED, INCLUDING THE DESIGN PROFESSIONALS, OF ANY CODE NON-COMPLIANCE NOTED ON THE PLANS.

I UNDERSTAND THAT I MAY NOT PROCEED WITH ANY WORK DESCRIBED HEREIN UNTIL I RECEIVE APPROVED PLANS AND A PERMIT FROM THE BEXAR COUNTY FIRE MARSHAL'S OFFICE. I ALSO UNDERSTAND THAT IF A NOTICE OF VIOLATION HAS BEEN ISSUED FOR STARTING WORK WITHOUT FIRST OBTAINING AN APPROPRIATE PERMIT, THE APPLICATION FEES WILL BE INCREASED, POSSIBLY UP TO TWICE OF THE ORIGINAL PERMIT FEE, AS PROVIDED IN THE ADOPTED COUNTY FIRE CODE AND COMMISSIONERS COURT ORDER. **Initial: _____**

ALL FEES SHALL BE PAYABLE TO THE BEXAR COUNTY CLERK AND ARE NON-REFUNDABLE. **Initial: _____**

After plan review, all plans are stored electronically. Prior to issuance of the Certificate of Occupancy or Certificate of Compliance, an "AS-BUILT" PDF plan set is required to be submitted to the Bexar County Fire Marshal's Office.

_____ _____

Signature of Responsible Party **Date**

An intake appointment must be scheduled online at www.bexar.org/fm for your plan submittal and a completed application must be submitted and all permit fees must be paid before your plan review will be conducted.
Please direct any questions to:

Fire Code Enforcement Section
9810 Southton Road
San Antonio, TX. 78223
Office: (210) 335-0300 Fax: (210) 335-0330

Construction plans shall be To Scale and shall not exceed:
24 x 36 inches and must be submitted as a flattened pdf document.
PDF must be saved to a USB thumb drive and submitted at intake appt.

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FIRE FLOW TEST REPORT

PROJECT INFORMATION:

Project Name: _____

Street Address: _____

City, Street, Zip Code: _____

FIRE FLOW TESTING COMPANY INFORMATION:

Name of individual preparing this report: _____

Company Represented: _____

Street Address: _____

City, Street, Zip Code: _____

Telephone: _____ FAX: _____

Signature of person preparing this report: _____ Date: _____

WITNESS INFORMATION:

Name of person witnessing flow test: _____

Company Represented: _____

Signature of witness: _____ Date: _____

TEST DATA: Date of Test: _____ Day of Week: _____ Time of Day: _____

Hydrant Location: _____ Distance to Project: _____feet

Water Supplier: ☐ SAWS ☐ Bexar-Met ☐ Other: _____

Flow Hydrants:	A1	A2	A3
Size of Opening	_____	_____	_____
Coefficient	_____	_____	_____
Pittot Reading	_____	_____	_____
GPM	_____	_____	_____

Total Test Flow _____GPM Static Reading _____PSI Residual Reading _____PSI

Test Hyd.		A1. Flowing Hydrant					A2. Flowing Hydrant					A3. Flowing Hydrant				
Static (PSI)	Residual (PSI)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)

Please attach a chart plotting fire flow data.