



# LOCKHART FIRE RESCUE

## HOOD EXTINGUISHING SYSTEM APPLICATION

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

Name of Applicant: \_\_\_\_\_

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

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

Type of License: \_\_\_\_\_ ACR #: \_\_\_\_\_

FEL #: \_\_\_\_\_

### Installation Location

Name of Business: \_\_\_\_\_

Occupant Name: \_\_\_\_\_

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

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

### Hood Extinguishing System

Name of Designer: \_\_\_\_\_

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

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

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

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

UL 300 Approved: YES

NO

Coverage: Complete

Partial (Specify): \_\_\_\_\_

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

Sprinkler Heads (Total): \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Three (3) sets of detailed blueprint drawings depicting the vent hood shall be required to be submitted to the Fire Marshal's Office for plans approval prior to the hood installation. Manufacturer's Data Sheet(s) shall be provided for all devices. All plans submitted shall be accompanied with a copy of the applicant's License from the Texas State Fire Marshal's Office and a copy of their general liability insurance.

All gas, electrical and make-up air devices located within the vent hood shall be installs to discontinue normal service upon activation of the hood extinguishing system.

The Fire Marshal's Office shall witness all final testing prior to the occupancy of the building, or use of the equipment.

(Application may be faxed to (512) 620-0001 or e-mailed to [cbrowning@lockhart-tx.org](mailto:cbrowning@lockhart-tx.org) Full Plans will still need to be delivered to the office unless they can be reduced to standard page size successfully, however application must be reviewed and permit issued prior to actual Construction occurrence)

I hereby certify that the information provided in the application is true and correct to the best of my belief; that as permittee, the installation shall be in accordance with all national, state and local recognized standards and codes governing hood extinguishing systems, whether or not herein specified.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
John C Browning, Fire Marshal  
City of Lockhart

\_\_\_\_\_  
(Date Approved)

\_\_\_\_\_  
Permit # Issued