



City of Lockhart

Fire Marshal's Office

PERMIT APPLICATION



Address: _____

Job Name: _____

Owner: _____

Phone #: _____ Fax #: _____ Email: _____

Contractor: _____

Address: _____

Designated Representative: _____

Phone #: _____

<p style="text-align: center;"><u>Suppression Systems</u></p> <p><input type="checkbox"/> Sprinkler System Number of Heads: _____</p> <p><input type="checkbox"/> Fixed Pipe Dry Chemical</p> <p><input type="checkbox"/> Fixed Pipe Wet Chemical</p> <p><input type="checkbox"/> Standpipe System</p> <p><input type="checkbox"/> Underground Fire Line</p> <p><input type="checkbox"/> Fire Pump</p> <p><input type="checkbox"/> Other System Type</p>	<p style="text-align: center;"><u>Alarm Systems</u></p> <p><input type="checkbox"/> Fire Alarm</p> <p><input type="checkbox"/> Other</p> <p>Number of Detectors: _____</p> <p>Number of Pull Stations: _____</p> <p>Number of A/V Heads: _____</p>	<p style="text-align: center;"><u>Hazmat Storage</u></p> <p><input type="checkbox"/> Above Ground Tank</p> <p><input type="checkbox"/> Underground Tank</p> <p><input type="checkbox"/> LPG Tank</p> <p><input type="checkbox"/> Other</p> <p>Chemical: _____</p> <p>Quantity: _____</p>
<p style="text-align: center;"><u>Installation Area</u></p> <p><input type="checkbox"/> Entire Building</p> <p><input type="checkbox"/> Special Hazard Area</p> <p><input type="checkbox"/> Cooking Area</p> <p><input type="checkbox"/> HVAC System</p> <p><input type="checkbox"/> Smoke Control System</p> <p><input type="checkbox"/> Paint Booth</p>	<p style="text-align: center;"><u>Job Type</u></p> <p><input type="checkbox"/> New Installation</p> <p><input type="checkbox"/> Modification</p> <p><input type="checkbox"/> Repair</p> <p><input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Removal</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;"><u>Ventilation Control System</u></p> <p><input type="checkbox"/> Automatic</p> <p><input type="checkbox"/> Manual</p>

I understand that this is an application only and does not authorize or condone work to begin on this project until a permit is issued.

Signature: _____ Date: _____

Additional Information: _____

Submit three sets of stamped blueprint drawings of the proposed system, manufacture data sheets, and applicable state certifications and license to City of Lockhart Building Official Shane Mondin (512-398-3461 ext.: 234) at: smondin@lockhart-tx.org or at 308 W. San Antonio St. Lockhart, TX 78644.