



Received:		City of Seguin Fire Marshal's Office PERMIT APPLICATION		Permit #:
Approved:				Expires:
Address:				
Job Name:				
Owner:				
Phone #:	Fax #:	Email:		
Licensed Company completing work:				
Address:				
Designated Representative:				
Phone #:	Fax #:	Email:		
<p style="text-align: center;"><u>Suppression Systems</u></p> <input type="checkbox"/> Sprinkler System Number of Heads <input type="checkbox"/> Fixed Pipe Dry Chem. <input type="checkbox"/> Fixed Pipe Wet Chem. <input type="checkbox"/> Standpipe Systems <input type="checkbox"/> Underground Fire Line <input type="checkbox"/> Fire Pump <input type="checkbox"/> Other system Type	<p style="text-align: center;"><u>Alarm Systems</u></p> <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other Number of Detectors Number of Pull Stations Number of A/V Heads	<p style="text-align: center;"><u>Hazmat Storage</u></p> <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Underground Tank <input type="checkbox"/> LPG Tank <input type="checkbox"/> Other Chemical Quantity		
<p style="text-align: center;"><u>Installation Area</u></p> <input type="checkbox"/> Entire Building <input type="checkbox"/> Portion of Building <input type="checkbox"/> Special Hazard Area <input type="checkbox"/> Cooking Area <input type="checkbox"/> HVAC System <input type="checkbox"/> Smoke Control System <input type="checkbox"/> Paint Booth	<p style="text-align: center;"><u>Job Type</u></p> <input type="checkbox"/> New Installation <input type="checkbox"/> Modification <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Removal <input type="checkbox"/> Other	<p style="text-align: center;"><u>Ventilation Control System</u></p> <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		
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:	