



One Troyan Drive, Meadows Place, TX 77477
 Permit Office: 281-983-2931
 (8:30 am – 4:30 pm M-F) Fax: 281-983-2940
 Email: permits@cityofmeadowsplace.org

FIRE SPRINKLER/ALARM PERMIT

PERMIT # _____

JOB ADDRESS: _____

TENANT NAME: _____

TOTAL PROJECT SQUARE FEET: _____ VALUATION: \$ _____

CONTRACTOR: _____

SPRINKLER CER. OF REGISTRATION NO: SCR-_____

ADDRESS: _____
STREET CITY, STATE ZIP

APPLICANT: _____

PHONE: _____ EMAIL: _____

DESCRIPTION OF WORK: _____

Sprinkler/Alarm System Fees			
Application Fee	\$50.00		Re-inspection Fee
Plan Review	\$100.00		Re-inspection Fee (Final)
Sprinklers (1 st 10,000 SF)	\$200.00		Sprinkler Hydrostatic Test
Sprinkler (Each Additional 10,000 SF)	\$225.00		Fire Pump Test
Add Relocate 1-20 Sprinkler Heads plus Hydrostatic Test	\$200.00		Smoke Control System Test
Add Relocate 20+ Sprinkler Heads plus Hydrostatic Test	\$275.00		Fire Alarm System Test
Underground Hydrostatic Test	\$100.00		Any Other Work Not Listed
Total Fees Due:		\$ _____	

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law relating to construction or performance of construction.

SIGNATURE OF CONTRACTOR OR AGENT

DATE

FOR OFFICE USE ONLY

APPROVED BY: _____

DATE: _____

DENIED BY: _____

DATE: _____

REASON FOR DENIAL: _____