

One Troyan Drive, Meadows Place, TX 77477 Permit Office: 281-983-2931 (9am – 4pm M-F)

PERMIT #\_\_\_\_\_

Fax: 281-983-2940

Email: permits@cityofmeadowsplace.org

## FIRE SPRINKLER/ALARM PERMIT

JOB ADDRESS:				
TENANT NAME:				
TOTAL PROJECT SQUARE FEET:	VALUATION: \$	VALUATION: \$		
CONTRACTOR:			<u>-</u>	
SPRINKLER CER. OF REGISTRATION N	O: SCR			
ADDRESS:				
ADDRESS:			CITY, STATE	ZIP
APPLICANT:				
PHONE:			EMAIL:	
		rm S	System Fees	L +== 00
Application Fee	\$50.00		Re-inspection Fee	\$75.00
Plan Review	\$100.00		Re-inspection Fee (Final)	\$400.00
Sprinklers (1st 10,000 SF)	\$200.00		Sprinkler Hydrostatic Test	\$100.00
Sprinkler (Each Additional 10,000 SF)	\$225.00		Fire Pump Test	\$200.00
Add Relocate 1-20 Sprinkler Heads plus Hydrostatic Test	\$200.00		Smoke Control System Test	100.00
Add Relocate 20+ Sprinkler Heads plus Hydrostatic Test	\$275.00		Fire Alarm System Test	200.00
Underground Hydrostatic Test	\$100.00			
Total Fees Due:	1	ı	\$	1
THIS PERMIT BECOMES NULL AND COMMENCED WITHIN 6 MONTHS, OPERIOD OF 6 MONTHS AT ANY TIME.  I hereby certify that I have read and examined of laws and ordinances governing this type of of a permit does not presume to give authority to construction or performance of construction.	OR IF COM AFTER We I this applicant work will be y to violate on	ORE	RUCTION OR WORK IS ABAN X IS COMMENCED. and know the same to be true and complied with whether specified herein	NDONED FOR A  rrect. All provisions or not, the granting
SIGNATURE OF CONTRACTOR OR AGENT			DATE	
	FOR OFFIC			
APPROVED BY:			DATE:	
DENIED BY:			DATE:	
REASON FOR DENIAL:				