



**CITY OF SAN ANTONIO
SAN ANTONIO FIRE DEPARTMENT
FIXED PIPE EXTINGUISHING SYSTEM
PERMIT APPLICATION**



(Please complete all of the following information. Please print.)

A. General Information:				
Type of Work (select all that apply):	New System: <input type="checkbox"/>		Existing System: <input type="checkbox"/>	
Project Name:				
Project Address:				
	Street	Building	Suite	Zip Code
Scope of Work:				
Number of Plans Submitted:		Number of Pages:		

B. Fixed Pipe System Contractor Information:				
Licensed Contractor Requesting Permit:				
COSA I.D. Number:		General Contractor:		
Contractor Address:				
	Street	Building	Suite	Zip Code
Company Registration Number:		Expiration Date:		
Business Phone #:	() -	Fax#:	() -	
Point of Contact/Licensee Information: (If Contact/Licensee is a new to the system, please fill in all information. If the Contact/licensee already exists, provide name, ID, and license number and update any required information.)				
Applicant's Name:				
Applicant's Position/Title:				
Day Phone #:	() -	Mobile Phone #:	() -	
Fax #:	() -	Email:		

C. For SAFD Use Only:			
A/P#:		Permit Date:	

C. Building Information:

Number of Floors: _____

Check the appropriate line below if this work is associated with any of the following types of work. List the City of San Antonio Building Permit Number. (Check one – Required):

		<u>COSA DSD A/P#</u>
<input type="checkbox"/>	New Building(s)	
<input type="checkbox"/>	Building Addition(s)	
<input type="checkbox"/>	Building Renovation(s)	
<input type="checkbox"/>	Fixed Pipe Work Only (No Construction)	N/A

D. Fixed Pipe System Details: (Check one – Required):

Number of Systems _____

	System Manufacturer	System Size	Chemical Suppression Agent
System 1			
System 2			
System 3			
System 4			

E. Checklist for Plans Submittal:

The following information lists the basic plans submittal requirements for applicable SAFD Fire Prevention department to complete their plan review. This checklist is to be completed by the applicant (see Section B) in its entirety.

1. Fixed Pipe System:

REQ: <input type="checkbox"/>	a. Approximate length of pipe and elbows
REQ: <input type="checkbox"/>	b. Distance of nozzles from grill area
REQ: <input type="checkbox"/>	c. Exact number of nozzles; size and type of nozzle
REQ: <input type="checkbox"/>	d. Number and location of fusible links
REQ: <input type="checkbox"/>	e. Size of cooking surface area, hood, and vent area
REQ: <input type="checkbox"/>	f. Location of manual pull
REQ: <input type="checkbox"/>	g. Location of automatic gas or electric shut-off; electric shut-off is to be a total shut-off
REQ: <input type="checkbox"/>	h. The location of the automatic extinguishing system in the room and distance of exits must be shown.

F. Expiration of Application:

A plan review shall commence within a reasonable time after submission of a permit application and payment of fees. Upon the expiration of 180 days following the date of filing, said application shall be deemed to have been abandoned unless diligently prosecuted or a permit issued. With justifiable cause demonstrated in writing, an applicant may request additional time and the fire code official may grant said request in periods not exceeding 90 days each. Plans and other data submitted for review may be returned or destroyed by the fire code official if the application is deemed to have been abandoned. In such circumstance, a new application package including new plans and review fees must be submitted. *2012 International Fire Code, Sec. 105*

G. Submittals

The installation is not complete until all automatic electric or gas shut- offs are installed. Permittee is responsible for the total installation. Permittee shall call Fire Prevention for a final inspection after the system is completed. The Fire Inspector shall require an operations test of the system be performed on the final inspection. Agent discharge shall not be required if:

- a.) Installer certifies in writing that system has been designed and installed in accordance with manufacturers specifications, and
- b.) An air discharge test is performed.

Submit application and two (2) sets plans (8 ½ x 11) per system, specifications and system calculations

To:

Development and Business Service Center
Fire Prevention Division
1901 S. Alamo St.
San Antonio, Texas 78204

Hours of Operation:

Monday through Friday, 7:45 to 4:30
(Excluding City observed Holidays)

NOTE: Post permit review changes to the design or configuration of the system (“as built”) must be submitted for review and approved prior to the scheduling of testing or inspections.

H. Certification: (Required)

I have read and examined this completed application and hereby certify that the information contained within it is true and correct, to the best of my knowledge. All provisions of law and ordinance governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I also understand that the installation of any of the work related to this permit application shall not proceed until approved plans are issued from the City of San Antonio.

Signature:		Date:	
Print Name:			