



Fire Protection System Permit Application

Return	Plans.	Application and	d Fees to:

Round Rock Fire Department Fire Marshal's Office 203 Commerce BLVD Round Rock, TX 78664 512.218.6628 (office) 512.218.5594 (fax)

Applicant Name (Print):	□ Re-inspection Fee\$50
Company Name:	
Company Address:	
	_Zip Code:
Phone (Work): (Fa	ax)
Email:	
Job Name:	
Job Site Address:	

Fire Alarm Systems				
# Alarm Panels	x \$60	=		
# of Devices	x \$1	=		
Minimum \$60	TOTAL:	\$		

Fire Sprinkler Systems				
# of Risers	x \$10	=		
# of Sprinkler Heads	x \$2	=		
Minimum \$60.00	TOTAL:	\$		

Type of Permit Requested

+ \$2 per sprinkler head

Hood*Paint Booth--\$50

\$1 per device

□ Fire Alarm System--\$60 per panel +

☐ Fire Sprinkler System--\$10 per riser

□ Fire sprinkler partial visual--\$25

☐ Fire Suppression System* Type I

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permitee. I also understand that I/company must abide by all of the rules and ordinances of the City of Round Rock, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by the City of Round Rock. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other departments and entities.

Signature:	Date		_
	Official Use Only Belov	v this Line	
Permit Fee:	Paid Date:	Check #	
Ву:			