



Fire Marshal's Office  
 203 Commerce Blvd  
 Round Rock, TX 78664  
 Office(512) 218-6628  
 Fax (512) 218-5594



## Fire Protection System Permit Application

**Return Plans, Application and Fees to:**

Round Rock Fire Department  
 Fire Marshal's Office  
 203 Commerce Blvd.  
 Round Rock, TX 78664  
**512.218.6628 (Scheduling Line)**  
 512.218.5594 (fax)

**Type of Permit Requested**

- Fire Alarm System--\$60 per panel + \$1 per device
- Fire Sprinkler System--\$10 per riser + \$2 per sprinkler head
- Fire sprinkler partial visual--\$25
- Fire Suppression System\* Type I Hood\*Paint Booth--\$50
- Re-inspection Fee--\$50

Applicant Name (Print): \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone (Work): \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Job Name: \_\_\_\_\_  
 Job Site Address: \_\_\_\_\_

Fire Alarm Systems		
# Alarm Panels	____ x \$60	= _____
# of Devices	____ x \$1	= _____
Minimum \$60	<b>TOTAL:</b>	\$ _____

Fire Sprinkler Systems		
# of Risers	____ x \$10	= _____
# of Sprinkler Heads	____ x \$2	= _____
Minimum \$60.00	<b>TOTAL:</b>	\$ _____

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. 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 Below this Line\*\*

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Permit Fee: \_\_\_\_\_ Paid Date: \_\_\_\_\_ Check # \_\_\_\_\_

By: \_\_\_\_\_

**PERMIT MUST BE READILY AVAILABLE FOR INSPECTION ON THE JOB SITE**