



GRAYSON COUNTY

Fire Marshal's Office
100 W. HOUSTON
Suite
Sherman, Texas 75090
903-813-4200

FIRE ALARM PERMIT APPLICATION Installation and Alterations of Fire Alarm / Detection Related Systems (IFC 105.7.5)

JOB ADDRESS _____

NAME OF BUSINESS OR PROJECT _____

CONTRACTOR OR COMPANY NAME _____

ADDRESS _____ CITY/STATE _____ ZIP _____

BUSINESS PHONE # _____ FAX # _____

CELL PHONE # _____ E-MAIL ADDRESS _____

CONTACT PERSON: _____

DESCRIPTION OF WORK TO BE DONE _____

COMPANY STATE LICENSE # _____

FIRE ALARM SYSTEMS

NUMBER OF DEVICES: _____

VALUE OF WORK – INCLUDES CONSTRUCTION AND MATERIALS COSTS \$ _____

PERMIT FEE FROM GRAYSON COUNTY FEE SCHEDULE \$ _____

CONTRACTOR SHALL SUBMIT ONE (1) SOFT COPY (DIGITAL) OF PLANS AND SPECIFICATIONS FOR REVIEW.
PAPER PLANS ACCEPTED IF YOU WOULD LIKE THEM STAMPED.

I HEREBY CERTIFY THAT THE PLANS SUBMITTED ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT SAID WORK WILL BE DONE IN COMPLIANCE WITH THE INFORMATION HEREIN SET FORTH AND IN COMPLIANCE WITH GRAAYSON COUNTY FIRE CODES, STATE RULES AND REGULATIONS AND POLICY STANDARDS AS SET FORTH BY THE FIRE MARSHAL.

SIGNED:

CONTRACTOR TEXAS DL# STATE PRINT NAME CLEARLY

FOR OFFICE USE ONLY

Date Submitted: _____ Permit No: _____ Received By: _____