



Grayson County Fire Marshal's Office
 100 W. Houston Suite #A-3-2
 Sherman, TX 75090
 903-813-4200

FIRE SUPPRESSION PERMIT APPLICATION
Installation and Alterations of Fire Suppression System

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 SUPPRESSION SYSTEMS
(SPRINKLER ABOVEGROUND)

NUMBER OF SPRINKLER HEADS: _____

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.

DOES THIS PROJECT HAVE AN EXCAVATION DEPTH IN EXCESS OF FIVE (5) FEET? IF YES, PROVIDE DETAILED PLANS AND SPECIFICATIONS THAT MEET OSHA STANDARDS. MUST BE SUBMITTED AND SIGNED BY A FIRE PROTECTION ENGINEER, CIVIL ENGINEER OR RME. PLANS MAY REQUIRE 3RD PARTY REVIEW.

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 GRAYSON 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: _____ Total Permit Fee: _____

Paid By: _____ Credit Card: () _____ Cash: () _____ Check/Money Order: () _____

Receipt No: _____ Received By: _____