



CITY OF CASTROVILLE

Little Alsace of Texas

Phone: (830) 931-4090

Fax: (830) 931-9186

703 PARIS STREET
CASTROVILLE, TEXAS 78009

Fire Protection System Permit Application

Permit Number:	Valuation: _____		
Project Name:	Zoning District: _____		
Project Address:	Square Foot: _____		
Project Description:	<input type="checkbox"/> FIRE DETECTION	<input type="checkbox"/> FIRE SUPPRESSION	<input type="checkbox"/> KITCHEN HOOD SUPPRESSION

Owner Information:			
Name:	Contact Person: _____		
Address:	_____		
Phone Number:	Cell Number:	Email: _____	

Applicant Information:			
Name:	Contact Person: _____		
Address:	_____		
Phone Number:	Cell Number:	Email: _____	

Fire Alarm Contractor	Contact Person	Phone Number	Contractor License Number
Fire Sprinkler Contractor	Contact Person	Phone Number	Contractor License Number

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by:	_____	Date Approved:	_____
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