



# 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:	FIRE DETECTION <input type="checkbox"/> FIRE SUPPRESSION <input type="checkbox"/> KITCHEN HOOD SUPPRESSION <input type="checkbox"/>		

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: _____
--------------------	----------------------