



**Tomball Fire Department  
Fire Prevention Division**

1200 Rudel Rd. Tomball, TX 77375  
281-290-1440  
firecode@tomballtx.gov



**Suppression and Detection Permit Application**

**Sprinkler System:**       Full System <sup>59</sup>       U/G Only <sup>57</sup>       A/G Only <sup>58</sup>  
 Fire Alarm System <sup>60</sup>       Kitchen Hood System <sup>61</sup>       Paint Booth System <sup>62</sup>

Type of System	Fee Schedule	Total
Permit Application	\$200.00	\$ _____
Number of Sprinkler Heads	@ \$2.00 per head	\$ _____
Number of Sprinkler Risers	@ \$20.00 per riser	\$ _____
Number of Fire Department Connections (FDC)	@ \$20.00 per FDC	\$ _____
Number of Fire Alarm Devices	@ \$2.00 per device	\$ _____
Number of Kitchen Hood Nozzles	@ \$2.00 per nozzle	\$ _____
Number of Paint Booth Nozzles	@ \$2.00 per nozzle	\$ _____
Access Control \$200 Fee plus devices	@ \$2.00 per device	\$ _____
After Hours Inspections – First 4 hours	\$400.00	\$ _____
Each additional Hour – Rounded up to next hour	@ \$100.00 per hour	\$ _____
<b>PERMIT TOTAL</b>		<b>\$ _____</b>

**INSTALLATION COMPANY INFORMATION**

Name of Company: \_\_\_\_\_  
Address (City/St/Zip) \_\_\_\_\_  
Phone and email \_\_\_\_\_  
State License: \_\_\_\_\_  
System Designer: \_\_\_\_\_  
Name of Installer: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_

**PROPERTY TO BE PROTECTED**

Name of Business: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Owner’s Address: \_\_\_\_\_  
Owner’s Phone: \_\_\_\_\_



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**FIRE SPRINKLER SYSTEM**

**The sprinkler system shall be constructed with supervisory alarm capability**

Type of Hazard:   \_\_\_ Light           \_\_\_ Ordinary           \_\_\_ Extra

Pipe Schedule:   \_\_\_                    Hydraulic Calculations:   \_\_\_

Coverage:       \_\_\_ Complete    Partial (specify):   \_\_\_

Light Hazard Locations:   \_\_\_

Ordinary Hazard Locations:   \_\_\_

Extra Hazard Locations:   \_\_\_

Design Area:   \_\_\_

Sq. Ft. of Design Area:   \_\_\_

Most Remote Sprinkler Location:   \_\_\_

Residual Pressure at Highest Sprinkler Location:   \_\_\_                    PSI:   \_\_\_

Inspector Test Valve Location:   \_\_\_

**SPRINKLER HEADS (Total)**

Up-Right:   ___	Type:   ___	Temp. Rating:   ___
Pendant:   ___	Type:   ___	Temp. Rating:   ___
Sidewall:   ___	Type:   ___	Temp. Rating:   ___
Dry Pendant:   ___	Type:   ___	Temp. Rating:   ___
Other:   ___	_____	

**ANCILLARY EQUIPMENT**

Alarm Check Valve:   \_\_\_ Yes   \_\_\_ No

Flow Alarm:   Weather-Proof Horn/Strobe (Tied to FACP):   \_\_\_

Spare Sprinklers:	Type:   ___	Quantity:   ___
<i>Include wrench for each style of head</i>	Type:   ___	Quantity:   ___
	Type:   ___	Quantity:   ___
	Type:   ___	Quantity:   ___

Additional Appliances Installed:   \_\_\_



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**FIRE ALARM SYSTEM**

The fire alarm system shall be constructed with monitoring capability

Central Station: \_\_\_\_\_ Remote Station: \_\_\_\_\_

Proprietary: \_\_\_\_\_ Aux: \_\_\_\_\_

Monitoring Company: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Zone/Coded System: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Zones: \_\_\_\_\_

*Provide Zone Map 8 1/2 X 11*

Number of Pull Stations: \_\_\_\_\_ *Double Action Pull Stations Required*

Number of Detectors: \_\_\_\_\_ Smoke \_\_\_\_\_ Heat

Number of Notification Devices: \_\_\_\_\_ Strobes \_\_\_\_\_ Horns \_\_\_\_\_ Combination

Type of Smoke/Heat Detectors: \_\_\_\_\_

Coverage: \_\_\_\_\_ Complete \_\_\_\_\_ Partial (Specify)

Additional Appliances Installed: \_\_\_\_\_

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Meets A.D.A Requirements: \_\_\_\_\_ Yes \_\_\_\_\_ No

Communication devices for Fire Alarm Systems shall be independent and separate from any communication device used for burglary or panic/hold-up alarms. The only exception is for single family residences.



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**FIXED FIRE EXTINGUISHING SYSTEM**

Hood Suppression, Paint Booth, Spray/Mixing Rooms

Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_

Serial No.: \_\_\_\_\_

UL 300 Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Coverage: \_\_\_\_\_ Complete \_\_\_\_\_ Partial (Specify)

Alarm: \_\_\_\_\_ Local Bell \_\_\_\_\_ Tied to FACP

Design Area: \_\_\_\_\_

Other Information: \_\_\_\_\_

Additional Appliances Installed: \_\_\_\_\_

\_\_\_\_\_



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**INSPECTIONS AND TESTING**

The Fire Prevention Officer shall witness all final testing prior to the occupancy of any building.

**The following are all separate inspections that must be scheduled:**

- Underground Fire Line - Hydro/Visual/Flush
  - Ceiling Cover\*
  - Aboveground Fire Sprinkler - Visual/Hydro\*
  - Fire Alarm - Visual/Audio
  - Hood System - Light/Smoke Test (Mechanical Test) FEL NOT required for this test
  - Hood System - Function Test
  - Electronic Door/Gate Access
  - Final - Acceptance Testing/Life Safety
- \*Ceiling Cover and Aboveground Sprinkler Visual/Hydro may be scheduled at the same time*

**License Requirements for Inspections:**

- RME-G or RME-U Required for Underground Fire Line Hydro and Flush
- RME-I or RME-G Required for Aboveground Hydro Testing. RME-G required for Final
- FAL or APS required for Fire Alarm Final
- FEL required for Fixed Fire Suppression Final

**Certificates Required at Final Inspections**

- Fixed Fire Suppression Installation Certificate SF-205
- Fire Alarm Installation Certificate SF-035
- Testing Certificate for Underground Piping SF-042
- Testing Certificate for Aboveground Piping SF-041
- Welders certifications stating all welders/fabricators meet AWS D10.9, Level /AR-3. Any on-site welding shall be in accordance with NFPA51B.
- Certification that the sprinkler system and ancillary equipment has been installed an operational in accordance with NFPA 13 (Installation of Sprinkler Systems) NFPA 24 (Private Fire Service Mains) NFPA 25 (Water Based Fire Protection Systems)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Plan Reviewer

\_\_\_\_\_  
Date