



# DECATUR FIRE DEPARTMENT

1705 S. State Street, Decatur, TX 76234

Office: 940-393-0230 Fax: 940-627-6014

## FIRE MARSHAL'S PERMIT APPLICATION

|   |        |      |        |
|---|--------|------|--------|
| Project Address:  |        |      |        |
| Business/Complex Name:  |        |      |        |
| Property Owner Information - Name:  |        |      |        |
| Address:  |        |      |        |
| City:   | State: | Zip: |        |
| Phone:  | Fax:   |      |        |
| Contractor or Company:  |        |      |        |
| Address:  |        |      |        |
| City:   | State: | Zip: |        |
| Phone:  | Fax:   |      |        |
| Job Site Contact Name:  |        |      | Phone: |
| APPLICANT/CONTRACTOR MUST HAVE CURRENT CONTRACTOR REGISTRATION WITH DECATUR FIRE DEPARTMENT |        |      |        |
| Type of work to be done:  |        |      |        |
|   |        |      |        |

**MAIL OR DELIVER TO: OFFICE OF THE FIRE MARSHAL, 1705 S. State St., Decatur, TX 76234 - 940-393-0230**

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/company must abide by all of the rules and ordinances of the City of Decatur, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by the City of Decatur. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other departments and entities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check type of permit requested:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fire Alarm System       | <input type="checkbox"/> Stand pipe System     | <input type="checkbox"/> Compressed Gases/C02 |
| <input type="checkbox"/> Fire Sprinkler System   | <input type="checkbox"/> Gate Installation     | <input type="checkbox"/> Flam./Comb. Liquid   |
| <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Temporary Tent Permit | <input type="checkbox"/> LPG                  |
| <input type="checkbox"/> Sprinkler Underground   | <input type="checkbox"/> Pyrotechnic Display   | <input type="checkbox"/> Other                |

-----Do not write below this line-----

\_\_\_ Permit Issued                      Fee: \_\_\_\_\_                      Date Paid: \_\_\_\_\_                      Receipt No.: \_\_\_\_\_

\_\_\_ Denied                                      Permit No.: \_\_\_\_\_                                      Check No. : \_\_\_\_\_

\_\_\_ Permit issued w/ conditions listed: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

*PERMIT MUST BE READILY AVAILABLE FOR INSPECTION ON THE JOB SITE*



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## PERMIT REQUIREMENTS

**Permit requirements are listed below. Incomplete submittals will not be processed. Submittals must be mailed or delivered to: Office of the Fire Marshal, 1705 S. State Street, Decatur, Texas 76234**

|  |   |
|--|---|
| <p><b><u>Sprinkler Systems (New)</u></b><br/> <b>Work involving a new system or more than 10 heads on an existing system</b></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> <li>• Three (3) sets of plans</li> <li>• Hydraulic calculations or design principles</li> <li>• Site plan showing underground (if not in scope of work, note such)</li> <li>• Specification sheet for devices</li> <li>• Contractor must be registered with DFD</li> </ul>                      | <p><b><u>Underground Sprinkler</u></b></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> <li>• (2) sets of plans</li> <li>• Site plan showing underground</li> <li>• Installation specs</li> <li>• Contractor must be registered with DFD</li> </ul>  |
| <p><b><u>Sprinkler Systems (Modifications)</u></b><br/> <b>Work involving less than 10 heads to existing system</b></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> <li>• Company Name</li> <li>• RME Signature</li> <li>• License Number</li> <li>• Location of work</li> <li>• Description of work</li> <li>• Contractor must be registered with DFD</li> </ul>  | <p><b><u>Gate Installation</u></b></p> <p>All Access gate submittals require:</p> <ul style="list-style-type: none"> <li>• Three (3) site plans showing gate locations</li> <li>• <u>Knox key switch at each entry/exit point</u></li> <li>• All gates to remain open when Knox Key is activated</li> <li>• 24 foot minimum clear roadway</li> <li>• All entry/exit point must have keypad</li> <li>• Divided entrance is permitted if:             <ul style="list-style-type: none"> <li>- exit/ entry in same area</li> <li>- min. clearance of 12' at each entry/exit</li> </ul> </li> <li>• Comply with ASTM F 2200 and UL325</li> <li>• Contractor must be registered with DFD</li> </ul> |
| <ul style="list-style-type: none"> <li>• <b><u>Fire Alarm System</u></b></li> </ul> <p>Submittal requires:</p> <ul style="list-style-type: none"> <li>• Three (3) sets of plans</li> <li>• Battery &amp; Voltage drop calculations</li> <li>• Copy of State APS or stamped by Texas Engineer</li> <li>• Copy of License for on-site Installer</li> <li>• Cut sheets and details of devices - (UL listings and power requirements)</li> <li>• Contractor must be registered with DFD</li> </ul> | <p><b><u>Above/Underground Flammable/Combustible Liquid Tank or System</u></b></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> <li>• Site plan w/ property/ building lines, setbacks, easements</li> <li>• Type, style and number of tanks, dispensers, and pipe</li> <li>• All testing certificates</li> <li>• Specification of compaction and cover for pipe</li> <li>• Letter identifying electrical contractor</li> <li>• Secondary containment means with calculations</li> <li>• TRCC receipt of UST construction notification (where applicable)</li> <li>• Contractor must be registered with DFD</li> </ul>  |
| <p><b><u>Chemical Suppression System</u></b></p> <p>Submittal Requires:</p> <ul style="list-style-type: none"> <li>• Two (2) sets of plans</li> <li>• Schematic of system</li> <li>• Floor plan w/system and components</li> <li>• Device and specification sheets</li> <li>• Contractor must be registered with DFD</li> </ul>  | <p><b><u>LP/GAS Tank System</u></b></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> <li>• Site plan w/property, building lines, setbacks, easements</li> <li>• Type, style and number of tanks, dispensers, and pipe</li> <li>• All testing certificates</li> <li>• Copy of final state installation record</li> <li>• Contractor must be registered with DFD</li> </ul>  |
| <p><b><u>Standpipe Systems</u></b></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> <li>• Two (2) sets of plans</li> <li>• Company Name &amp; RME signature</li> <li>• License Number</li> <li>• Location of work</li> <li>• Description of Work</li> <li>• Contractor must be registered with DFD</li> </ul>   |   |

Allow up to ten (10) working days for all submittal. Incomplete submittals will increase this review time. It is important that specification information accompany the submittals to our office. The information listed above is not intended to be an inclusive list of required items but a reference point to start the process. In most cases, this information will be all that is required (newly developed processes and systems may require additional information or manufacturers information.)

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## PERMIT FEES

| New Sprinkler Installation or Modification Permit Fees:   |   |          |
|---|---|----------|
| Plan Review Fee   |   | \$100.00 |
|   | 1 to 10 sprinklers  | \$100.00 |
|   | 11 to 20 sprinklers   | \$175.00 |
|   | 21 to 100 sprinklers  | \$250.00 |
|   | More than 100   | \$250.00 |
|   | Plus \$50.00 for each 100 or fraction thereof                 |          |
| If System includes Fire Pump  |   | \$200.00 |
| If System includes Foam   |   | \$50.00  |
| Each Additional Floor   |   | \$40.00  |
| Underground Fire Sprinkler Line Installation Permit Fees:   |   |          |
| Plan Review Fee   |   | \$25.00  |
| Permit  |   | \$100.00 |
| New Fire Alarm Installation or Modification Permit Fees:  |   |          |
| Plan Review Fee   |   | \$100.00 |
|   | 1 to 4 initiation devices                                     | \$100.00 |
|   | 5 to 25 devices   | \$175.00 |
|   | More than 25 devices  | \$250.00 |
|   | Plus \$50.00 for each 100 or fraction thereof in excess of 25 |          |
| New Suppression System or Modification Permit Fees: (CO2, Dry Chemical, FM 200, Intergen, Water Mist, etc.) |   |          |
| Plan Review Fee   |   | \$25.00  |
|   | 1 to 5 nozzles  | \$100.00 |
|   | Plus 5.00 per nozzle in excess of 5                           |          |
| Pre-fabricated hood and duct systems  | Each hood   | \$50.00  |
| New Standpipe System or Modification Permit Fees:   |   |          |
| Plan Review Fee   |   | \$25.00  |
| Permit  |   | \$100.00 |
| Other Permits   |   |          |
| Flammable or Combustible Liquid Tanks/Systems   | Per Tank  | \$100.00 |
| Liquefied Petroleum Gas Distribution  | Per Tank  | \$50.00  |
| Pyrotechnic Display   |   | \$100.00 |
| Underground Storage Tank Removal  | Per Tank  | \$50.00  |
| Gate Installation   |   | \$100.00 |
| Compressed Gases  |   | \$50.00  |
| Temporary Structures, Tents and Canopies  |   | \$25.00  |
| Contractor Registration   |   | \$50.00  |

**Penalty for not obtaining permit – Additional 100% of required permit fees  
(Does not include fines or fees set by court).**



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## CONTRACTOR REGISTRATION

### CONTRACTOR CLASSIFICATION - Check each discipline that applies

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fire Sprinkler System         | <input type="checkbox"/> UG & AG Storage Tanks      | <input type="checkbox"/> Backflow Testing |
| <input type="checkbox"/> Fire Alarm & Detection System | <input type="checkbox"/> LP Gas Systems             | <input type="checkbox"/> Pyrotechnics     |
| <input type="checkbox"/> Fixed Fire Suppression System | <input type="checkbox"/> Compressed Gas/CO2         | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Underground Fire Line         | <input type="checkbox"/> Access Control Gates/Doors |   |

Registration Type:  New  Renewal

### CONTRACTOR INFORMATION: (License Holder is the person who holds the State License. This person will be held responsible for seeing that all work being performed follows the State codes, City codes and ordinances.)

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

State License Holder: \_\_\_\_\_  
First Middle Last

State License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Email(required): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### CONTRACTOR REQUIREMENTS:

Contractors must provide the following documents to register with the Decatur Fire Department.

1. State License for Company, RME, Principal, Engineer
2. Driver's License of State License Holder, Owner
3. Certificate of General Liability
4. Gauge Calibration (required for Backflow Prevention Assembly Testers only)
5. Any supporting documentation pertaining to trade.

### PERSONNEL AUTHORIZED TO OBTAIN A PERMIT UNDER THIS REGISTRATION:

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

I understand that my registration is \$50.00 and will be valid for one (1) year from date of License Renewal and that my registration may be cancelled/revoked if I do not keep my state license (when required), certificate of insurance, and all other required documents current with the Decatur Fire Department. Renewal notices will be emailed only if an email address is provided. No other Notices will be sent.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

| OFFICE USE ONLY |      |            |                  |
|-----------------|------|------------|------------------|
| Date Paid:      | Fee: | Receipt #: | Expiration Date: |