



Atascosa County Fire Marshal's Office

711 Broadway, Jourdanton, Texas 78026
Office: (830) 769-2029 Fax: (830) 767-2600

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Fire Marshal
Roger P. Garcia

APPLICATION FOR BUILDING/SYSTEM(S) PERMITS & WORK AUTHORIZATIONS

1. The person making this application acknowledges that no construction work or operation may be performed prior to the issuance of approved plans and possession of an approved permit.
2. Submittal packages that are determined to be incomplete shall not be accepted for plan review or issued a permit until such time as the submittal package is determined to be complete.
3. Atascosa County, in accordance with State Laws, has a maximum of 30 days to review plans and issue or deny a building permit. If plans are rejected and denied, there will be no additional cost for the secondary review, however, the secondary review must be appropriately scheduled for re-submission. If plans are denied upon a second review, they must be submitted as a "new" project, with all applicable permit fees being required at the time of the third submission.
4. Plan Review Time Waiver: If a plan review, due to the size or complexity of the building design will require more than 30 days to review, a time waiver extension may be requested by the Fire Marshal's Office. If agreed upon by the submitter and the Fire Marshal's Office, a maximum date for completion of the plan review will be established, and a time extension waiver will be signed by both parties. Once signed, the date indicated on the waiver will then establish the requirement listed in item #3.

The plan submittal package shall contain, as a minimum, the following:

- Completed permit application, including a description of the use of the building, area, and space.
- Code analysis sheet, to include:
 - occupancy classification
 - occupant load for each space and the total building
 - permissible building area and height (table 503, 2009 IBC)
 - area increases utilized
 - required exit/corridor/stair widths and provided exit/corridor/stair widths
- Material Safety Data Sheet (MSDS) for all chemicals to be used and/or stored in the structure. Also, a statement from the owner, on business letterhead, indicating the quantity of each material to be used or stored.
- Two sets of construction drawings*, drawn to an appropriate scale, sealed and signed by a licensed Architect/Engineer in accordance with the Texas Architects and/or Engineers Practice Act.
- HVAC drawings, including
 - Electrical load analysis
 - Electrical riser diagrams
 - Ground/Arc Fault Interrupter locations
- Site plan, showing relationship of the proposed building to property lines, streets, and other structures.
- Occupancy Classification Letter detailing the following, if utilized in the building:
 - (a) Warehousing or retail storage
 - (b) Rack storage
 - (c) Manufacturing
 - (d) Sales of upholstered furniture
- Plan size shall not be larger than 42"H X 54"W, bound on left side, rolled separately.
- Floor plan drawing(s)
- Plumbing drawing(s) (if gas appliances are used or medical gas will be routed through structure)
- Reflective ceiling drawing(s)

SELECT TYPE OF PERMIT OR WORK AUTHORIZATION REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Residential Building Voluntary – Not required by law (Complete all Sections) | <input type="checkbox"/> Electrical Work Authorization (Skip Sections B & D) |
| <input type="checkbox"/> Commercial or Public Access Building (Complete all Sections) | <input type="checkbox"/> HVAC Work Authorization (Skip Sections B & D) |
| <input type="checkbox"/> Modular or Mobile Building Installation (Complete all Sections) | <input type="checkbox"/> Plumbing Work Authorization (gas only) (Skip Sections B & D) |
| <input type="checkbox"/> Temporary (<1 yr.) Membrane/tent (<90 days) (Complete all Sections) | |
| <input type="checkbox"/> Vent/Hood Suppression System (Skip Sections B & D) | <input type="checkbox"/> Fuel Tank Removal (Above or Below Ground) (Skip Sections B & D) |
| <input type="checkbox"/> Fire Sprinkler System (Skip Section B) | <input type="checkbox"/> Fuel Tank Installation (Above or Below Ground) (Skip Sections B & D) |
| <input type="checkbox"/> Fire Alarm System/Sprinkler Monitoring (Skip Sections B & D) | <input type="checkbox"/> Fuel System Line Installation (Skip Sections B & D) |
| <input type="checkbox"/> Alternative Fire Suppression System (Skip Sections B & D) | |
| <input type="checkbox"/> Smoke Control System (Skip Section B & D) | <input type="checkbox"/> Knox Box Authorization (Skip Section B & D) |
| <input type="checkbox"/> Underground System – sprinkler/hydrants (Skip Sections B & D) | |
| <input type="checkbox"/> Paint/Spray Booth Protection System (Skip Sections B & D) | <input type="checkbox"/> Electric Gate SOS Install Authorization (Skip Sections B & D) |

SECTION A: PROJECT INFORMATION

Name of Building Project		Address of Project		City	Zip Code
Name of Building Owner/Company		Owner's Business Address		City	State
Phone # of Business Owner/Company	Fax # of Business Owner/Company	e-mail Address of Business Owner		Business Zip	
Project Value \$ (Total cost of building project)					

TWO COMPLETE COPIES OF LICENSED ARCHITECT, ENGINEER, OR DESIGN PROFESSIONAL PRODUCED PLANS AND SPECIFICATIONS MUST BE ATTACHED TO THIS APPLICATION, ACCOMPANIED BY **NON-REFUNDABLE** PERMIT FEE AS REQUIRED BY THE FEE SCHEDULE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE "ATASCOSA COUNTY".

SECTION B: FIRE PROTECTION SYSTEM INFORMATION

System	Proposed	Required	System	Proposed	Required
Knox Box or Electric Operated Gate	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Control System	<input type="checkbox"/>	<input type="checkbox"/>
Vent/Hood Suppression	<input type="checkbox"/>	<input type="checkbox"/>	Underground Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	Paint/Spray Booth	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm/Sprinkler Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: BRIEFLY EXPLAIN THE USE OF THE BUILDING OR FACILITY BELOW

SECTION D: SPECIFY WATER SOURCE FOR FIRE PROTECTION SYSTEMS

<input type="checkbox"/> Municipal Water System Specify:	<input type="checkbox"/> Private Water Company Specify:
<input type="checkbox"/> Other Specify:	

FOR OFFICE USE ONLY

Date Received:	File #:	Building Permit #:	F.P. System or Fuel Permit #:	Work Authorization #:
Permit Fee:	Check/M.O. #:	Receipt #:	Received By:	Deposit to:
\$				N/A
Date Completed:	Map Grid/Pct #/Insp Dist.	Code Edition Used:	Construction Type:	Bld. Group Class.
Building/Space/Suite/#	Building Size	Occupant Load	Sprinkler System Required?	Fire Alarm Required?
			Yes / No	Yes / No

Please Complete Side 2

SECTION E: TYPE OF WORK OR AUTHORIZATION TO BE REVIEWED

<input type="checkbox"/> New Building complete with Interior Finish-out	<input type="checkbox"/> Electrical Work Authorization (Attach Masters License)
<input type="checkbox"/> New Building – Shell Structure Only	<input type="checkbox"/> HVAC Work Authorization (Attach Masters License)
<input type="checkbox"/> New Building – Foundation Only	<input type="checkbox"/> Plumbing Work Authorization (Attach Masters License)
<input type="checkbox"/> Modular or Mobile Building Installation	<input type="checkbox"/> Electrically Operated Gate (SOS) Authorization
<input type="checkbox"/> Interior Finish-out (completion) of Shell Structure/Space	<input type="checkbox"/> Knox Box Authorization
<input type="checkbox"/> Interior Remodel/Refinish (Substantial Improvement)	<input type="checkbox"/> Fuel Tank Removal – Underground/Above Ground
<input type="checkbox"/> Temporary Structure / Membrane Structure (tent)	<input type="checkbox"/> Fuel Tank Installation – Underground/Above Ground
<input type="checkbox"/> Fire Protection System Installation	<input type="checkbox"/> Fuel System Installation – Underground Lines

SECTION F: ARCHITECT/ENGINEER/DESIGNER INFORMATION

Architect/Engineer/Designer Company	Architect/Engineer/Designer Address	Architect/Engineer/Designer City	Zip Code
Name of Person making application:		Phone #:	e-mail Address:
		()	
			License #:

SECTION G: CONTRACTOR / BUILDER INFORMATION

Contracting Company	Contracting Company Address	Contracting Company City/State	Zip Code
Name of Person making application:		Phone #:	e-mail Address:
		()	
			License #:
Job Superintendent/Forman	Phone #	Cell Phone #	e-mail Address
	()	()	
Secondary Job Contact	Phone #	Cell Phone #	e-mail Address
	()	()	

I have read the completed application and know the same to be true and correct and hereby agree that if a permit and/or approved plans are issued, all provisions of the applicable County Fire Code will be complied with whether herein specified or not. I understand that if I do not check an item, which applies to the above address shown on page one of this application, I will be held responsible for additional fees and/or construction requirements as called for by the applicable County Fire Code.

THE APPLICANT SHALL BE RESPONSIBLE FOR INFORMING ALL PARTIES INVOLVED, INCLUDING THE DESIGN PROFESSIONALS, OF ANY CODE NON-COMPLIANCE NOTED ON THE PLANS.

I UNDERSTAND THAT I MAY NOT PROCEED WITH ANY WORK DESCRIBED HEREIN UNTIL I RECEIVE APPROVED PLANS AND A PERMIT FROM THE ATASCOSA COUNTY FIRE MARSHAL'S OFFICE. I ALSO UNDERSTAND THAT IF A NOTICE OF VIOLATION HAS BEEN ISSUED FOR STARTING WORK WITHOUT FIRST OBTAINING AN APPROPRIATE PERMIT, THE APPLICATION FEES WILL BE INCREASED, UP TO TWICE OF THE ORIGINAL PERMIT FEE, AS PROVIDED IN THE ADOPTED COUNTY FIRE CODE AND COMMISSIONERS COURT ORDER. Initial: _____

ALL FEES PAID TO THE FIRE MARSHAL'S OFFICE ARE NON-REFUNDABLE. Initial: _____

After plan review, all plans are scanned and stored electronically. Upon completion of scanning, please dispose of these plans in the following manner: Return with permit Destroy (burn or shred) Discard to trash

Signature of Responsible Party

Date

An appointment must be scheduled prior to plan review. Completed application must be submitted and all permit fees must be paid before plan review will be conducted. Any questions may be directed to:

Atascosa County Fire Marshal's Office
711 Broadway
Jourdanton, TX. 78026
Office: (830) 769-2029

Construction plans shall not exceed:
42" H x 54" W

FIRE FLOW TEST REPORT

PROJECT INFORMATION:

Project Name: _____
 Street Address: _____
 City, Street, Zip Code: _____

FIRE FLOW TESTING COMPANY INFORMATION:

Name of individual preparing this report: _____
 Company Represented: _____
 Street Address: _____
 City, Street, Zip Code: _____
 Telephone: _____ FAX: _____
 Signature of person preparing this report: _____ Date: _____

WITNESS INFORMATION:

Name of person witnessing flow test: _____
 Company Represented: _____
 Signature of witness: _____ Date: _____

TEST DATA: Date of Test: _____ Day of Week: _____ Time of Day: _____
 Hydrant Location: _____ Distance to Project: _____ feet
 Water Supplier: _____

Flow Hydrants:	<u>A1</u>	<u>A2</u>	<u>A3</u>
Size of Opening	_____	_____	_____
Coefficient	_____	_____	_____
Pittot Reading	_____	_____	_____
GPM	_____	_____	_____

Total Test Flow _____ GPM Static Reading _____ PSI Residual Reading _____ PSI

Test Hyd.		A1. Flowing Hydrant					A2. Flowing Hydrant					A3. Flowing Hydrant				
Static (PSI)	Residual (PSI)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)

Please attach a chart plotting fire flow data.