



OFFICE OF THE FIRE MARSHAL

Martin P. Vela

111 E. Magnolia, Angleton, Tx 77515 – (P) 979-864-1201 – (D) 979 864-1121 – (F) 979-864-1081



FIRE PUMP SYSTEM & RELATED EQUIPMENT PERMIT

This form is to be used for the construction of a new system or alteration, addition or relocation to an existing system.

2018 edition of the International Fire Code, section **Fire Pump Systems, Tanks and Related Equipment**. A construction permit is required for installation of or modification to an automatic fire-extinguishing system. Maintenance performed in accordance with this code is not considered a modification and does not require a permit.

Proposed Construction Site Information:

Address of site:	_____	City	_____	State	_____	Zip	_____
Name of business:	_____						
Phone number:	_____						

Property Owner's Information:

Contact person:	_____	Phone:	_____				
Email:	_____	Cell:	_____				
Company name:	_____	Phone:	_____				
Address:	_____	City	_____	State	_____	Zip	_____

Contractor's Information:

Contact person:	_____	Phone:	_____				
Email:	_____	Cell:	_____				
Company name:	_____	Phone:	_____				
Address:	_____	City	_____	State	_____	Zip	_____

Description of Construction Information:

Brief description of construction:	_____				
Cost of construction:	_____	Type of System:	_____	Total Structural	_____

Permit fee schedule:

Fire System	Description	Fee Amount	Amount	Total Fee
Plan review	(plan review for each system)	\$75.00		
Per fire pump system	(number of main pumps)	\$150.00		
Per jockey pump system	(number of buster pumps)	\$25.00		
Generator	(each generator for system)	\$100.00		
Storage tank	(number of tanks for system)	\$250.00		
Functional test	(per test)	\$150.00		
addendums	(additions or changes already permitted system)	\$25.00		
In General				
Fire & Safety Inspection	(for final inspection of systems)	\$125.00		
Re-inspection	(for re-inspection of previously failed inspection)	\$75.00		
Permit Total				

Please make checks payable to: TREASURER – BRAZORIA COUNTY

Person completing this form:

Contact person:	_____	Phone:	_____
Email:	_____	Cell:	_____
Company name:	_____	Phone:	_____

DO NOT WRITE IN THIS SPACE

Received By:	Permit Fee	Date Permit Received	Permit No
_____	\$ _____	_____	_____
Fire Marshal Approval:	FM Reviewed:	FM Completed:	Status:
_____	_____	_____	_____
Deputy Fire Marshal Approval:	Deputy Reviewed:	Inspection Completed:	Status:
_____	_____	_____	_____