Phone (361)358-4641

Fax (361) 358-7355

400 N. Washington Beeville, Texas 78102

City of Beeville

Fire Alarm / Fire Sprinkler Application

Permit Number:		Valuation:	
Project Name:		Zoning District:	
Project Address: Project Description:		Square Foot:	R A A A A A A A A A A A A A A A A A A A
		FIRE SPRINKLER	
	MUST PROVIDE 2 COMPLETE	ESETS OF PLANS	
			an a
Owner Information:			
Name:	Con Pers		

Address:

Number:

Fax

Mobile Number:

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 occ	upy or permit the use or occupa		

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:	SI	gna	ture	of	Ap	plic	ant:
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Phone Number:

Date:

OFFICE USE ONLY:

Approved by:	Date Approved:		
Fire Alarm Plan Review Fee: Fire Alarm Inspection Fee:	Total Permit Fee: Issued Date:		
Fire Sprinkler Plan Review Fee: Fire Sprinkler Inspection Fee:	BV Project #		