

Fire Protection Plan Review/Permit Application

Fire Marshal's Office

Buda Fire Department



Date of Application: _____

Texas ECR/ACR/SCR Number: _____

RME / APS Number: _____

P.O. Box 1159

Buda, Texas 78610

E-mail: mduffey@budafire.org

Office 512-295-2232

Fax 512-295-2848

Application must be completed in full. Failure to provide any of the information may result in a delay of the plan review and the rejection of the application. This application is for permit issuance only. A permit will be issued upon the review of plans for which this application is intended.

Project Information

Square Footage: _____

Project Name: _____

Project Address: _____
Street Address Suite No.

Company Information

Company Name: _____

Company Address: _____
Street Address Suite No.

City State Zip Code

Contact Person: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Contact person will be notified via e-mail when plan review is completed

Request Plan Review

First Submittal: Second Submittal: Third Submittal: Fourth Submittal:

New Construction: Tenant Finish-Out / Remodel:

Fire Sprinkler System: <input type="checkbox"/>	Underground Fire Main: <input type="checkbox"/>	Less Than 20 Heads: <input type="checkbox"/>	20 Or Greater Heads: <input type="checkbox"/>	Standpipe: <input type="checkbox"/>	Fire Pump: <input type="checkbox"/>	Foam/Water Mist: <input type="checkbox"/>	Other: <input type="checkbox"/>	Fire Alarm System: <input type="checkbox"/>	Less Than 20 Devices: <input type="checkbox"/>	20 Or Greater Devices: <input type="checkbox"/>	
								Fixed Extinguishing System: <input type="checkbox"/>	Kitchen Hood: <input type="checkbox"/>	Spray Booth: <input type="checkbox"/>	Clean Agent: <input type="checkbox"/>

Access Control Gates: <input type="checkbox"/>	Access Control Systems: <input type="checkbox"/>	Hazardous Materials: <input type="checkbox"/>	Other: <input type="checkbox"/>	Smoke Exhaust / Removal: <input type="checkbox"/>	Aboveground / Underground: <input type="checkbox"/>	Liquid Storage Tank: <input type="checkbox"/>	Size of Tank(s): _____
--	--	---	---------------------------------	---	---	---	------------------------

A valid permit and an approved set of plans must be maintained at the job site at all times. Failure to obtain a permit prior to beginning work on a system and/or failure to provide the plans and permit for the field inspector may result in a failed inspection and civil penalties assessed.

Please allow a minimum of two (2) weeks for the Buda Fire Department Fire Marshal's Office Plan Review Process.

Contact person will be notified upon the completion of the plan review. Include e-mail address to be notified via e-mail.

I have read and understand the responsibilities stated therein:

 Signature of Applicant

Fire Marshal's Office Use Only

Permit Issued Fee: _____ Paid / Date _____ Receipt # _____
 Denied Permit # _____
 Permit Issued w/ conditions listed: _____

By: _____ Date: _____