



FIRE PROTECTION SYSTEMS PERMIT APPLICATION

City of Lindale
 105 Ballard Dr.
 Lindale, TX 75771
 Phone: 903-882-6861 Fax: 903-881-8170
 Email: communitydevelopment@lindaletx.gov

Application Date: _____

Permit # _____

Project Address	
Project Name	Building Proposed Use
Property Owner(s)	Phone
Address	City State/Zip
To be completed about (Date)	Estimated Job Cost
<input type="checkbox"/> Fire Alarm System in Commercial Building New Construction Base Fee - \$60.00 # of device(s) _____ Remodel - \$60.00 + \$6.00 per 1,000 valuation (Remodels Based on estimated job cost)	<input type="checkbox"/> Fire Sprinkler Protection System \$80.00 - First 25 Heads .30 for each additional head Total # _____ of Sprinkler Heads = \$ _____
<input type="checkbox"/> Fire Extinguisher System # of systems _____ x \$100.00 each = \$ _____	<input type="checkbox"/> Hood Systems # of systems _____ x \$150.00 each = \$ _____

Contractor Information (Must be Registered with the City of Lindale)

Contractor's Business Name	Licensed Installer	State License #	Cell Phone #
Address	City State/Zip		
Company Office Phone #	Fax #	Email	

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. **Fees are doubled, where work is Started prior to obtaining a permit.**

Signature of Applicant/Contractor	Printed Name	Phone Number
Reviewed by Director of Planning & Development	Date	Notes

Approved Denied: