



ArlingtonPermits.com
THE ONE STOP CENTER

Walk In Application Fire Permit

(DO NOT FAX APPLICATION)



Please print clearly:

Applicant's Name: _____

Phone #: (____) _____ Fax #: (____) _____ Email: _____

Best way to deliver plan review comments: (check only one): Email Fax

(Note: If applicant is already a people record then the following information is not required)

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

TX Drivers License or other picture ID No: _____

Project Address: _____ Suite: _____

Provide a Brief Description of Proposed Work: _____

For **Installation Work**, please check only one:

- | | | |
|--|--|--|
| <input type="checkbox"/> 1-Fire Lane w/Pavers | <input type="checkbox"/> 8-Fire Alarm Systems Installation | <input type="checkbox"/> 13-Residential Fire Sprinkler Sys. |
| <input type="checkbox"/> 5A1-AG Waste Oil Tank Installation | <input type="checkbox"/> 8A-Special Locking Sys. Installation | <input type="checkbox"/> 14-Smoke Control System |
| <input type="checkbox"/> 5C1-AG Protected Tank Installation | <input type="checkbox"/> 9-LPG Container Installation | <input type="checkbox"/> 16-UG Fire Line w/Hydrants |
| <input type="checkbox"/> 6-UST-Removal | <input type="checkbox"/> 12A-UG Fire Protection System | |
| <input type="checkbox"/> 6A-UST/Lines Abandonment | <input type="checkbox"/> 12B-AG Fire Sprinkler System | |
| <input type="checkbox"/> 7-Misc. Fire Extinguishing Sys. | | |

For **Testing Work**, please check only one: **5-UST Installation/Testing**

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 herein 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 ordinances regulating construction, the performance of construction or the use of any land or buildings.

Print Name of Permit Applicant _____ DATE _____

Signature of Permit Applicant _____

Applicant is ___ Contractor, ___ Homeowner or ___ Authorized Agent

For future reference, your permit application number is _____ FP. The review of your application will not start until all appropriate review fees have been paid, addresses verified and correct number and types of plans are received.

NOTE: Please provide a quantity for all spaces when asked for quantity, even if the quantity is zero.

For **Installation Work "1-Fire Lane w/Pavers"** please provide the information:

- ✚ What is the length of the fire lane in feet? _____
- ✚ Of what type of pavement or paver is the fire lane constructed? _____
- ✚ (Optional information) Will you require an inspection after regular business hours?
___Yes ___No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day
- ✚ (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- ✚ How many Knox boxes? _____
- ✚ How many Knox pad locks? _____
- ✚ How many Knox switches? _____
- ✚ How many Opticom devices? _____

For **Testing Work "5-UST Installation/Testing"** please provide the information:

- ✚ Are you installing or testing lines only?
- ✚ Are you installing or testing Miscellaneous Systems or Equipment for UST's only?
___Yes ___No
- ✚ Indicate the size of the container(s) or tank(s) in gallons? If more than 1 tank, separate with a slash (/). _____
- ✚ List the use and/or contents of the tank(s). _____
- ✚ (Optional information) Will you require an inspection after regular business hours?
___Yes ___No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day
- ✚ (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- ✚ How many storage tanks? _____

For **Installation Work "5A1-AG Waste Oil Tank Installation"** please provide the information:

- ✚ Indicate the size of the container(s) or tank(s)? If numerous tanks, separate with a forward slash (/). _____ gallons
- ✚ (Optional information) Will you require an inspection after regular business hours?
___Yes ___No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day

- + (Optional information) Number of hours required to complete this inspection?
(There is a four hour minimum charge.) _____ Hours
- + How many storage tanks? _____

For **Installation Work "5C1-AG Protected Tank Installation"** please provide the information:

- + Indicate the size of the container(s) or tank(s)? If numerous tanks, separate with a forward slash (/). _____ gallons
- + List the use and/or contents of the tank(s). _____
- + (Optional information) Will you require an inspection after regular business hours?
___Yes ___No
- + (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____ Day
- + (Optional information) Number of hours required to complete this inspection?
(There is a four hour minimum charge.) _____ Hours
- + How many storage tanks? _____

For **Installation Work "6-UST-Removal"** please provide the information:

- + (Optional information) Will you require an inspection after regular business hours?
___Yes ___No
- + (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____ Day
- + (Optional information) Number of hours required to complete this inspection?
(There is a four hour minimum charge.) _____ Hours
- + How many underground storage tanks? _____

For **Installation Work "6A-UST/Lines Abandonment"** please provide the information:

- + (Optional information) Will you require an inspection after regular business hours?
___Yes ___No
- + (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____ Day
- + (Optional information) Number of hours required to complete this inspection?
(There is a four hour minimum charge.) _____ Hours
- + How many storage tanks? _____

For **Installation Work "7-Misc. Fire Extinguishing System"** please provide the information:

- + Choose the type of extinguishing system:
 - CO2 Dry Chemical FM200 Wet Chemical
- + Choose the type of Sprinkler System:
 - Anti Freeze Deluge Pre-action Wet/Dry N/A
- + Will the system be connected to a Fire Alarm System? ___Yes ___No
- + (Optional information) Will you require an inspection after regular business hours? ___Yes ___No
- + (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day
- + (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- + What is the total number of extinguishing systems? _____
 - How many Hood Systems? _____
 - How many Special Extinguishing Systems? _____
 - How many Smoke Control Systems? _____

For **Installation Work "8-Fire Alarm Systems Installation"** please provide the information:

- ✚ Is this system monitored? ___Yes ___No
- ✚ Is this system addressable? ___Yes ___No
- ✚ Is this system intelligent addressable ___Yes ___No
- ✚ Is this system conventional? ___Yes ___No
- ✚ Will this system be connected to a Fire Sprinkler System? ___Yes ___No
- ✚ Will this system be connected to any type of Special Locking System? ___Yes ___No
- ✚ Will this system be connected to Voice Evacuation System? ___Yes ___No
- ✚ Will this system be connected to a Special Extinguishing System? ___Yes ___No
- ✚ Indicate the location of the Panel: _____
- ✚ Are there elevators in the building? ___Yes ___No
- ✚ Is a Fire Pump included in your plans? ___Yes ___No
- ✚ (Optional information) Will you require an inspection after regular business hours? ___Yes ___No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____ Day
- ✚ (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- ✚ What is the total number of devices? _____
- ✚ What is the total number of Alarm Systems? _____
- ✚ What is the total number of Power Supplies? _____

For **Installation Work "8A-Special Locking Sys. Installation"** please provide the information:

- ✚ Will this system be connected to a Special Extinguishing System? ___Yes ___No
- ✚ (Optional information) Will you require an inspection after regular business hours? ___Yes ___No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____ Day
- ✚ (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- ✚ What is the total number of Power Supplies? _____
- ✚ What is the total number of Locking Systems? _____
- ✚ What is the total number of Smoke Control Systems? _____

For **Installation Work "9-LPG Container Installation"** please provide the information:

- ✚ Indicate the size of the container(s) or tank(s)? If numerous tanks, separate with a forward slash (/).
- ✚ Choose the location of the LPG tank installation: Above Ground Below Ground
- ✚ (Optional information) Will you require an inspection after regular business hours?
 Yes No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____ Day
- ✚ (Optional information) Number of hours required to complete this inspection?
(There is a four hour minimum charge.) _____ Hours
- ✚ What is the total number of Tanks? _____
- ✚ What is the total number of Underground Storage Tanks? _____
- ✚ What is the total number of Above Ground Storage Tanks? _____

For **Installation Work "12A-UG Fire Protection System"** please provide the information:

- ✚ What is the length of underground pipe? _____ feet
- ✚ Will this system be connected to a Sprinkler System? Yes No
- ✚ Select the type of underground water supply is available?
 Dead End Water Supply Looped Water Supply
- ✚ Indicate the (FDC) Fire Department Connection location: _____
- ✚ Is a Fire Pump included in your plans? Yes No
- ✚ (Optional information) Will you require an inspection after regular business hours?
 Yes No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____ Day
- ✚ (Optional information) Number of hours required to complete this inspection?
(There is a four hour minimum charge.) _____ Hours
- ✚ How many FDC/Storz? _____

For **Installation Work "12B-AG Fire Sprinkler System"** please provide the information:

- ✚ Is a Fire Pump proposed for this installation? ___Yes ___No
- ✚ Choose the type of Sprinkler System:
 - Anti Freeze Deluge Pre-action Wet/Dry N/A
- ✚ Will this system be connected to a Special Extinguishing System? ___Yes ___No
- ✚ Are there elevators in the building? ___Yes ___No
- ✚ Indicate the (FDC) Fire Department Connection location: _____
- ✚ Is a Standpipe included in your plans? ___Yes ___No
- ✚ (Optional information) Will you require an inspection after regular business hours? ___Yes ___No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day
- ✚ (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- ✚ What is the total number of sprinkler heads? _____
- ✚ What is the total number of FDC/Storz? _____ each
- ✚ What is the total number of Sprinkler Risers? _____ each
- ✚ What is the total number of Fire Pumps? _____ each
- ✚ What is the total number of Sprinkler Heads? _____ each

For **Installation Work "13-Residential Fire Sprinkler System"** please provide the information:

- ✚ Choose the type of Sprinkler System:
 - Anti Freeze Deluge Pre-action Wet/Dry N/A
- ✚ (Optional information) Will you require an inspection after regular business hours? ___Yes ___No
- ✚ (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day
- ✚ (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- ✚ Total number of sprinkler heads? _____
- ✚ What is the total number of FDC/Storz? _____ each
- ✚ What is the total number of Sprinkler Risers? _____ each
- ✚ What is the total number of Fire Pumps? _____ each
- ✚ What is the total number of Sprinkler Heads? _____ each

For **Installation Work "14-Smoke Control System"** please provide the information:

- + Choose the type of Sprinkler System:
 - Anti Freeze Deluge Pre-action Wet/Dry N/A
- + Will this system be connected to a Sprinkler System?
- + Are there elevators in the building? ___Yes ___No
- + (Optional information) Will you require an inspection after regular business hours? ___Yes ___No
- + (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day
- + (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- + How many Power Supplies? _____ Each
- + How many Smoke Control Systems? _____ Each

For **Installation Work "16-UG Fire Line w/Hydrants"** please provide the information:

- + What is the length of pipe in feet? _____ feet
- + Will this system be connected to a Sprinkler System? ___Yes ___No
- + Choose the underground water supply type:
 - Dead End Water Supply Looped Water Supply
- + Indicate the (FDC) Fire Department Connection location

Is a Fire Pump included in your plans? ___Yes ___No

- + (Optional information) Will you require an inspection after regular business hours? ___Yes ___No
- + (Optional information) If you would like to schedule the inspection, please indicate the date: _____ Month _____Day
- + (Optional information) Number of hours required to complete this inspection? (There is a four hour minimum charge.) _____ Hours
- + Are Fire Hydrants included on your plans? ___Yes ___No
- + How many Fire Pumps? _____ Each
- + How many private hydrants? _____ Each