



Permit No.: _____

City of Rosenberg FIRE SYSTEM PERMIT APPLICATION

2220 4th Street, Rosenberg, Texas 77471
Telephone: 832-595-3500 Fax: 832-595-3501 Email: registration@rosenbergtx.gov
Inspection Request – Fire Marshal's Office: 832-595-3645

Project Address: _____

Project Name: _____ Proposed Use: _____

Property Owner(s): _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Contractor Information: *(Must be registered with the City of Rosenberg)*

Company Name: _____ License No.: _____

License Type: _____ Expiration: _____ RME Name: _____

Primary Contact(s): _____ E-mail: _____

Address: _____ City: _____ State/Zip: _____

Office Phone #: _____ Fax#: _____ Cell#: _____

Type of Work

Fire Alarm System

	#	Amount
Base Fee - \$100.00	_____	\$ _____
# of device(s) x \$5.00/each	_____	\$ _____

Fire Extinguisher System

	#	Amount
First System - \$100.00	_____	\$ _____
Second System - \$50.00 additional	_____	\$ _____
Three or more systems - \$25.00 each additional	_____	\$ _____

Fire Line System

Based on Valuation (must include backflow in cost for job)

Valuation: \$ _____

Permit fees are five times (5x) if work begins without a valid permit.

One (1) electronic set of plans is required to be submitted for review.

The review process will take 5-10 business days.

Work begun without valid permit \$ _____

Miscellaneous - \$ _____

Fire Sprinkler System

	#	Amount
Base Fee - \$150.00/per riser	_____	\$ _____
# of heads(s) x \$0.50/each	_____	\$ _____
# of tamper devices(s) x \$5.00/each	_____	\$ _____

Smoke Control System

	#	Amount
# of systems x \$100.00 each	_____	\$ _____

Fire Pumps

	#	Amount
# of systems x \$100.00 each	_____	\$ _____

Fire Pump Test (Contractor Equipment)

Permit Fee: \$ _____

Plan Check Fee: \$ _____
(1/2 of Permit Fee)

TOTAL FEES: \$ _____

Contractor Signature _____

Date _____