



401 S. Alamo St., Marshall, TX  
PO Box 698, Marshall, TX 75671  
P:(903) 935-4455  
Fax: (903) 935-4409

### Fire Alarm / Fire Sprinkler Permit Application

Permit #: \_\_\_\_\_ Date: \_\_\_\_\_  
Contractor:  Reg  Not Reg  Lic exp

*Incomplete application and/or submittal will delay the review process.*

Commercial  Residential  New Installation  Replacement

Job Address: \_\_\_\_\_ Description of Work: \_\_\_\_\_

Valuation of Work: \_\_\_\_\_ **Fire Sprinkler or Fire Alarm (Please Circle One)**

**Contact person:**  Applicant  Property Owner  Contractor  
Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_  
**Property Owner**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
**Contractor**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Contact the City of Marshall Fire Department to setup an inspection at (903) 935-4580.

*I herby certify I have authority to make the necessary application; that all information in this application is correct and all work will comply with the most recently adopted International Building Codes and all other applicable state and local laws, ordinances, and regulations.*

Name (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_  
Plan Review Fee: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_  
Receipt No. : \_\_\_\_\_

**The permit issued for this application is void if construction has not been started within 60 days. The permit expires in 180 days or when work is complete.**