



Fire Suppression Permit Application

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

Permit #: _____	Date: _____
Contractor: <input type="checkbox"/> Reg <input type="checkbox"/> Not Reg <input type="checkbox"/> Lic exp	

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

Commercial Residential New Installation Repair / Replacement

Occupancy Type: _____

Job Address: _____ Description of Work: _____

Valuation of Work: _____ Suppression Type: _____ Alarm Yes No

Contact person: <input type="checkbox"/> Applicant <input type="checkbox"/> Property Owner <input type="checkbox"/> Contractor	
Name of applicant _____	Phone _____
Email _____	
<u>Property Owner</u>	
Name _____	Phone _____
Address _____	City _____ State _____ Zip _____
<u>Contractor</u>	
Name _____	Phone _____
Address _____	City _____ State _____ Zip _____
Fax _____	E-mail _____

Contact the City of Marshall Fire Department to schedule final 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 (2015) 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.