



DECATUR FIRE DEPARTMENT

1705 S. State St., Decatur, TX 76234
 Office: 940-393-0230 Fax: 940-627-6014

PERMIT REQUIREMENTS

Permit requirements are listed below. Incomplete submittals will not be processed. Submittals must be mailed or delivered to: Office of the Fire Marshal, 1705 S. State Street, Decatur, Texas 76234

<p><u>Sprinkler Systems (New)</u> Work involving a new system or more than 10 heads on an existing system</p> <p>Submittal requires:</p> <ul style="list-style-type: none"> • Three (3) sets of plans • Hydraulic calculations or design principles • Site plan showing underground (if not in scope of work, note such) • Specification sheet for devices • Contractor must be registered with DFD 	<p><u>Underground Sprinkler</u></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> • (2) sets of plans • Site plan showing underground • Installation specs • Contractor must be registered with DFD
<p><u>Sprinkler Systems (Modifications)</u> Work involving less than 10 heads to existing system</p> <p>Submittal requires:</p> <ul style="list-style-type: none"> • Company Name • RME Signature • License Number • Location of work • Description of work • Contractor must be registered with DFD 	<p><u>Gate Installation</u></p> <p>All Access gate submittals require:</p> <ul style="list-style-type: none"> • Three (3) site plans showing gate locations • <u>Knox key switch at each entry/exit point</u> • All gates to remain open when Knox Key is activated • 24 foot minimum clear roadway • All entry/exit point must have keypad • Divided entrance is permitted if: <ul style="list-style-type: none"> - exit/ entry in same area - min. clearance of 12' at each entry/exit • Comply with ASTM F 2200 and UL325 • Contractor must be registered with DFD
<p>• <u>Fire Alarm System</u></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> • Three (3) sets of plans • Battery & Voltage drop calculations • Copy of State APS or stamped by Texas Engineer • Copy of License for on-site Installer • Cut sheets and details of devices - (UL listings and power requirements) • Contractor must be registered with DFD 	<p><u>Above/Underground Flammable/Combustible Liquid Tank or System</u></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> • Site plan w/ property/ building lines, setbacks, easements • Type, style and number of tanks, dispensers, and pipe • All testing certificates • Specification of compaction and cover for pipe • Letter identifying electrical contractor • Secondary containment means with calculations • TRCC receipt of UST construction notification (where applicable) • Contractor must be registered with DFD
<p><u>Chemical Suppression System</u></p> <p>Submittal Requires:</p> <ul style="list-style-type: none"> • Two (2) sets of plans • Schematic of system • Floor plan w/system and components • Device and specification sheets • Contractor must be registered with DFD 	<p><u>LP/GAS Tank System</u></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> • Site plan w/property, building lines, setbacks, easements • Type, style and number of tanks, dispensers, and pipe • All testing certificates • Copy of final state installation record • Contractor must be registered with DFD
<p><u>Standpipe Systems</u></p> <p>Submittal requires:</p> <ul style="list-style-type: none"> • Two (2) sets of plans • Company Name & RME signature • License Number • Location of work • Description of Work • Contractor must be registered with DFD 	

Allow up to ten (10) working days for all submittal. Incomplete submittals will increase this review time. It is important that specification information accompany the submittals to our office. The information listed above is not intended to be an inclusive list of required items but a reference point to start the process. In most cases, this information will be all that is required (newly developed processes and systems may require additional information or manufacturers information.)



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Office: 940-393-0230 Fax: 940-627-6014

prevention@decaturfd.com

FIRE MARSHAL'S PERMIT APPLICATION

Project Address:			
Business/Complex Name:			
Property Owner Information - Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Contractor or Company:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Job Site Contact Name:			Phone:
APPLICANT/CONTRACTOR MUST HAVE CURRENT CONTRACTOR REGISTRATION WITH DECATUR FIRE DEPARTMENT			
Type of work to be done:			

MAIL OR DELIVER TO: OFFICE OF THE FIRE MARSHAL, 1705 S. State St., Decatur, TX 76234 · 940-393-0230

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/company must abide by all of the rules and ordinances of the City of Decatur, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by the City of Decatur. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other departments and entities.

Signature: _____ Date: _____

Check type of permit requested:

New **Modification**

- | | | |
|--|--|---|
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Stand pipe System | <input type="checkbox"/> Compressed Gases/C02 |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Gate Installation | <input type="checkbox"/> Flam./Comb. Liquid |
| <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Temporary Tent Permit | <input type="checkbox"/> LPG |
| <input type="checkbox"/> Sprinkler Underground | <input type="checkbox"/> Pyrotechnic Display | <input type="checkbox"/> Other |

-----Do not write below this line-----

___ Permit Issued Fee: _____ Date Paid: _____ Receipt No.: _____
 ___ Denied Permit No.: _____ Check No. : _____
 ___ Permit issued w/ conditions listed: _____

By: _____ Date: _____

PERMIT MUST BE READILY AVAILABLE FOR INSPECTION ON THE JOB SITE