



**BEXAR COUNTY FIRE MARSHAL
AND EMERGENCY MANAGEMENT OFFICE**

622 DOLOROSA
SAN ANTONIO, TEXAS 78207
TEL: 210.335.0300 FAX: 210.335.0330



H. Ross Coleman
Fire Marshal

AUTHORIZATION TO ISSUE BUILDING PERMITS

By law, a building permit must be issued or denied within 30 days of the date it is submitted for review. Due to other provisions of law, which could require the issuance of a building permit before other County review processes are completed, effective February 15, 2008, Bexar County Fire Marshal's Office will not receive and/or review building construction documents or issue a building permit until authorization has been received by Bexar County Public Works.

This document must be reviewed/approved by Bexar County Public Works, located on the 4th floor of the Vista Verde Building, 233 N. Pecos-La Trinidad, San Antonio, Texas 78207.

Building construction documents **will not be considered to have been properly submitted** until this document has been completed and returned with all required construction documents to the Bexar County Fire Marshal's Office, 622 Dolorosa, San Antonio, Texas, 78207.

PUBLIC WORKS – DEVELOPMENT SERVICES AUTHORIZATION

Applicant Name/Contact Info: _____
Project Name: _____
Address/Location: _____
City/Zip Code: _____

=====The section below is to be completed and Signed By Public Works Staff=====

Subdivision Plat Approved N/A Initial: _____
 Plat # _____ Recorded Volume: _____ Pg: _____
 If N/A Describe Exception: _____
 Within City South No Yes - Zoning Applies (Provide approval letter from CSMA)

Environmental Approved N/A Initial: _____
 Sanitary Sewer – Provider _____ OSSF Permit #: _____
 Limited Lighting Plan Required No Yes _____
 SWPPP No Yes _____
 Other Environmental _____

Floodplain/Drainage Approved N/A Initial: _____
 Floodplain on Site No Yes Permit #: _____
 Drainage Design Required No Yes Date of Drainage Plan Approval _____

Right-Of-Way Approved N/A Initial: _____
 Permit Required: No Yes Permit #: _____

Official Use Only	Upon review of this property the above listed issues have been reviewed and are in compliance with all applicable provisions of State Laws and County Commissioners Court Orders and Policies. A Building Permit for this indicated address may now be processed.
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Signature: _____ Title: _____ Date: _____

Building Permit (@ Fire Marshal's Office) Approved Denied Initial: _____
 Permit Required: No Yes Permit #: _____



BEXAR COUNTY FIRE MARSHAL'S OFFICE

622 Dolorosa SAN ANTONIO, TX 78207 (210) 335-0300 Fax: (210) 335-0330



APPLICATION FOR BUILDING/SYSTEM(S) PERMITS & WORK AUTHORIZATIONS

SELECT TYPE OF PERMIT OR WORK AUTHORIZATION REQUESTED

<input type="checkbox"/> Residential Building <i>Voluntary – Not required by law. (Complete all Sections)</i>	<input type="checkbox"/> Electrical Work Authorization <i>(Skip Sections B & D)</i>
<input type="checkbox"/> Commercial or Public Access Building <i>(Complete all Sections)</i>	<input type="checkbox"/> HVAC Work Authorization <i>(Skip Sections B & D)</i>
<input type="checkbox"/> Modular or Mobile Building Installation <i>(Complete all Sections)</i>	<input type="checkbox"/> Plumbing Work Authorization (gas only) <i>(Skip Sections B & D)</i>
<input type="checkbox"/> Temporary (<1 yr.) Membrane/tent (<90 days) <i>(Complete all Sections)</i>	
<input type="checkbox"/> Vent/Hood Suppression System <i>(Skip Sections B & D)</i>	<input type="checkbox"/> Fuel Tank Removal (Above or Below Ground) <i>(Skip Sections B & D)</i>
<input type="checkbox"/> Fire Sprinkler System <i>(Skip Section B)</i>	<input type="checkbox"/> Fuel Tank Installation (Above or Below Ground) <i>(Skip Sections B & D)</i>
<input type="checkbox"/> Fire Alarm System/Sprinkler Monitoring <i>(Skip Sections B & D)</i>	<input type="checkbox"/> Fuel System Line Installation <i>(Skip Sections B & D)</i>
<input type="checkbox"/> Alternative Fire Suppression System <i>(Skip Sections B & D)</i>	
<input type="checkbox"/> Smoke Control System <i>(Skip Section B & D)</i>	<input type="checkbox"/> Knox Box Authorization <i>(Skip Section B & D)</i>
<input type="checkbox"/> Underground System – sprinkler/hydrants <i>(Skip Sections B & D)</i>	
<input type="checkbox"/> Paint/Spray Booth Protection System <i>(Skip Sections B & D)</i>	<input type="checkbox"/> Electric Gate SOS Install Authorization <i>(Skip Sections B & D)</i>

SECTION A: PROJECT INFORMATION

Name of Building Project		Address of Project		City	Zip Code
Name of Building Owner/Company		Owner's Business Address		City	State
Phone # of Business Owner/Company	Fax # of Business Owner/Company	e-mail Address of Business Owner		Business Zip	
Project Value \$ (Total cost of building project)					

TWO COMPLETE COPIES OF LICENSED ARCHITECT, ENGINEER, OR DESIGN PROFESSIONAL PRODUCED PLANS AND SPECIFICATIONS MUST BE ATTACHED TO THIS APPLICATION, ACCOMPANIED BY **NON-REFUNDABLE** PERMIT FEE AS REQUIRED BY THE FEE SCHEDULE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE "BEXAR COUNTY CLERK".

SECTION B: FIRE PROTECTION SYSTEM INFORMATION

System	Proposed	Required	System	Proposed	Required
Knox Box or Electric Operated Gate	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Control System	<input type="checkbox"/>	<input type="checkbox"/>
Vent/Hood Suppression	<input type="checkbox"/>	<input type="checkbox"/>	Underground Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	Paint/Spray Booth	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm/Sprinkler Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: BRIEFLY EXPLAIN THE USE OF THE BUILDING OR FACILITY BELOW

SECTION D: SPECIFY WATER SOURCE FOR FIRE PROTECTION SYSTEMS

<input type="checkbox"/> San Antonio Water System	<input type="checkbox"/> Bexar Metro Water District
<input type="checkbox"/> Private Water Company Specify:	<input type="checkbox"/> Other Specify:

FOR OFFICE USE ONLY

Date Received:	File #:	Building Permit #:	F.P. System or Fuel Permit #:	Work Authorization #:
Permit Fee:	Check/M.O. #:	Receipt #:	Received By:	Deposit to:
\$				<input type="checkbox"/> 001 <input type="checkbox"/> 007
Date Completed:	Map Grid/Pct #/Insp Dist.	Code Edition Used:	Construction Type:	Bld. Group Class.
	/ /			
Building/Space/Suite/#	Building Size	Occupant Load	Sprinkler System Required?	Fire Alarm Required?
			Yes / No	Yes / No

Please Complete Side 2

BCFM 2003-25C Rev. 3

SECTION E: TYPE OF WORK OR AUTHORIZATION TO BE REVIEWED

<input type="checkbox"/> New Building complete with Interior Finish-out	<input type="checkbox"/> Electrical Work Authorization (Attach Masters License)
<input type="checkbox"/> New Building – Shell Structure Only	<input type="checkbox"/> HVAC Work Authorization (Attach Masters License)
<input type="checkbox"/> New Building – Foundation Only	<input type="checkbox"/> Plumbing Work Authorization (Attach Masters License)
<input type="checkbox"/> Modular or Mobile Building Installation	<input type="checkbox"/> Electrically Operated Gate (SOS) Authorization
<input type="checkbox"/> Interior Finish-out (completion) of Shell Structure/Space	<input type="checkbox"/> Knox Box Authorization
<input type="checkbox"/> Interior Remodel/Refinish (Substantial Improvement)	<input type="checkbox"/> Fuel Tank Removal – Underground/Above Ground
<input type="checkbox"/> Temporary Structure / Membrane Structure (tent)	<input type="checkbox"/> Fuel Tank Installation – Underground/Above Ground
<input type="checkbox"/> Fire Protection System Installation	<input type="checkbox"/> Fuel System Installation – Underground Lines

SECTION F: ARCHITECT/ENGINEER/DESIGNER INFORMATION

Architect/Engineer/Designer Company	Architect/Engineer/Designer Address	Architect/Engineer/Designer City	Zip Code
Name of Person making application:	Phone #:	e-mail Address:	License #:
	()		

SECTION G: CONTRACTOR / BUILDER INFORMATION

Contracting Company	Contracting Company Address	Contracting Company City/State	Zip Code
Name of Person making application:	Phone #:	e-mail Address:	License #:
	()		
Job Superintendent/Forman	Phone #	Cell Phone #	e-mail Address
	()	()	
Secondary Job Contact	Phone #	Cell Phone #	e-mail Address
	()	()	

If the property to be built upon is within the City of San Antonio Extra Territorial Jurisdiction (ETJ), you should contact San Antonio Developmental Services to determine if there are any ETJ requirements with which you must comply. If the property to be built upon is within the City of Helotes Extra Territorial Jurisdiction (ETJ), you should contact The City of Helotes to determine if there are any ETJ requirements with which you must comply.

I have read the completed application and know the same to be true and correct and hereby agree that if a permit and/or approved plans are issued, all provisions of the applicable County Fire Code will be complied with whether herein specified or not. I understand that if I do not check an item, which applies to the above address shown on page one of this application, I will be held responsible for additional fees and/or construction requirements as called for by the applicable County Fire Code.

THE APPLICANT SHALL BE RESPONSIBLE FOR INFORMING ALL PARTIES INVOLVED, INCLUDING THE DESIGN PROFESSIONALS, OF ANY CODE NON-COMPLIANCE NOTED ON THE PLANS.

I UNDERSTAND THAT I MAY NOT PROCEED WITH ANY WORK DESCRIBED HEREIN UNTIL I RECEIVE APPROVED PLANS AND A PERMIT FROM THE BEXAR COUNTY FIRE MARSHAL'S OFFICE. I ALSO UNDERSTAND THAT IF A NOTICE OF VIOLATION HAS BEEN ISSUED FOR STARTING WORK WITHOUT FIRST OBTAINING AN APPROPRIATE PERMIT, THE APPLICATION FEES WILL BE INCREASED, POSSIBLY UP TO TWICE OF THE ORIGINAL PERMIT FEE, AS PROVIDED IN THE ADOPTED COUNTY FIRE CODE AND COMMISSIONERS COURT ORDER.

Initial: _____

ALL FEES PAID TO THE FIRE MARSHAL'S OFFICE ARE NON-REFUNDABLE. Initial: _____

After plan review, all plans are scanned and stored electronically. Upon completion of scanning, please dispose of these plans in the following manner: Return with permit Destroy (burn or shred) Discard to trash

Signature of Responsible Party

Date

An appointment must be scheduled prior to plan review. Completed application must be submitted and all permit fees must be paid before plan review will be conducted. Any questions may be directed to:

Fire Code Enforcement Section
622 Dolorosa
San Antonio, TX. 78207
Office: (210) 335-0300 Fax: (210) 335-0330

Construction plans shall not exceed:
42" H x 54" W (on CD) use US ARCH E page size
Save in either a PDF, DWG/DXF, or TIFF format



BEXAR COUNTY FIRE MARSHAL'S OFFICE

622 Dolorosa SAN ANTONIO, TX 78207 (210) 335-0300 Fax: (210) 335-0330



FIRE FLOW TEST REPORT

PROJECT INFORMATION:

Project Name: _____
 Street Address: _____
 City, Street, Zip Code: _____

FIRE FLOW TESTING COMPANY INFORMATION:

Name of individual preparing this report: _____
 Company Represented: _____
 Street Address: _____
 City, Street, Zip Code: _____
 Telephone: _____ FAX: _____
 Signature of person preparing this report: _____ Date: _____

WITNESS INFORMATION:

Name of person witnessing flow test: _____
 Company Represented: _____
 Signature of witness: _____ Date: _____

TEST DATA: Date of Test: _____ Day of Week: _____ Time of Day: _____

Hydrant Location: _____ Distance to Project: _____ feet

Water Supplier: SAWS Bexar-Met Other: _____

Flow Hydrants:	<u>A1</u>	<u>A2</u>	<u>A3</u>
Size of Opening	_____	_____	_____
Coefficient	_____	_____	_____
Pittot Reading	_____	_____	_____
GPM	_____	_____	_____

Total Test Flow _____ GPM Static Reading _____ PSI Residual Reading _____ PSI

Test Hyd.		A1. Flowing Hydrant					A2. Flowing Hydrant					A3. Flowing Hydrant				
Static (PSI)	Residual (PSI)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)

Please attach a chart plotting fire flow data.