



City of
**West University
Place**

Public Works Department
Development Services

BUILDING–FIRE SYSTEM PERMIT APPLICATION

PROJECT		
PROJECT NAME	PERMIT NUMBER	
ADDRESS		
LOT	BLOCK	# OF STORIES
OCCUPANCY TYPE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL	BUILDING HEIGHT	BUILDING TOTAL SQ.FT.
DESCRIPTION OF WORK		
CONTRACTOR		
COMPANY NAME	CONTRACTOR REGISTRATION NUMBER	
COMPANY ADDRESS		
PHONE NUMBER	EMAIL	
PROPERTY OWNER		
FIRST NAME	LAST NAME	
MAILING ADDRESS		
PHONE NUMBER	EMAIL	

OFFICIAL USE ONLY	
RECEIVED BY	TIME STAMP
NO EXCEPTIONS TAKEN	DATE

PERMIT FEE			
QTY	ITEMS	AMOUNT	TOTAL
	Plan Review	\$100.00	\$
	Plan Review Re-submittal	\$50.00	\$
	Automatic Fire Extinguishing	\$50.00	\$
	Fire Alarm & Detect System	\$50.00	\$
	Residential Sprinkler System	\$25.00	\$
	Commercial Sprinkler System	\$50.00	\$
	Commercial Sprinkler Heads	\$1.75	\$
	Premature Work Charge	100% of Permit	\$
1	Application Fee	\$40.00	\$40.00
TOTAL PERMIT FEE			
MINIMUM FEE = \$25.00 + \$40.00 APPLICATION FEE			
\$			
ACKNOWLEDGMENT			
<p>I hereby certify that I have read and examined this document and know the same to be true and correct. In addition I hereby stipulate that I am the person legally responsible for compliance with provisions of all laws and ordinances (whether specified herein or not) governing this project to completion and a certification of occupancy being issued.</p>			
SIGNATURE OF CONTRACTOR			DATE
PRINT NAME			