



NASSAU BAY FIRE MARSHAL'S OFFICE

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FIRE MARSHAL PERMIT APPLICATION

Project Address: _____ Date: _____

Work to be Performed: _____ Job Cost: \$ _____

Number of Alarm Devices _____ Number of Sprinkler Heads: _____

Number of Access Controlled Doors _____ Number of Standpipe Connections: _____

Permit Type:

Commercial
Residential

Fire Alarm System
Fire Sprinkler System

Kitchen Hood System
Access Control System

Fire Standpipe System

Property Owner / Tenant: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor: _____

Office Phone: _____ Contact Phone: _____

Fax: _____ Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

License #: _____ Date Issued: _____ Date Expires: _____

Applicant Name (Print): _____

Applicant Signature: _____

FOR DEPARTMENT USE ONLY

Permit # _____ Date: _____ Total Permit Fee: \$ _____

General Permit Fee: \$ _____ New Installation Fee: \$ _____

Total Number of Devices: _____ x \$3 = \$ _____ Plan Review Fee: \$ _____

INCOMPLETE APPLICATIONS WILL BE REJECTED