



# SAGINAW FIRE DEPARTMENT PLAN SUBMITTAL FORM

400 S. Saginaw Blvd. Saginaw, Tx 76179

Ph: 817-230-0404 inspections@saginawfire.us

Date Received: \_\_\_\_\_

Permit: \_\_\_\_\_

***THIS FORM MUST BE ACCOMPANIED BY COPIES OF ALL APPROPRIATE STATE OF TEXAS LICENSING, A COPY OF YOUR CONTRACTOR LIABILITY INSURANCE AND A COPY OF A STATE ISSUED DRIVERS LICENSE OR ID CARD OF THE CONTRACTING COMPANY OWNER OR OFFICER OR PRINCIPAL MEMBER OF THE COMPANY.***

## PLAN SUBMITTAL TYPE:

Suppression System  Alerting / Detection Alarm System  Vent Hood / Duct System

Stand Pipe System  Tank Installation / Removal  On-Site Water Dist. System (Hydrants & Piping)

Other  \_\_\_\_\_

## THE PROPOSAL REPRESENTS:

A new system being installed  Modifications and/or repairs to an existing system

Extension of an existing system  Other  \_\_\_\_\_

## PROPERTY INFORMATION:

Building / Property Name: \_\_\_\_\_

Building / Property Address: \_\_\_\_\_ Suite \_\_\_\_\_

Building / Property Owners Name: \_\_\_\_\_

Building / Property Owners Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Building / Property Owners Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Building / Property Tenant: \_\_\_\_\_

## CONTRACTOR INFORMATION:

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Designer Name: \_\_\_\_\_

Designer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## GENERAL:

Building / Property Square Footage (Total Gross Floor Area): \_\_\_\_\_ # of Stories \_\_\_\_\_

What is the building / property being used for: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Occupancy Type as defined by the International Building/Fire Code 2018 Edition: \_\_\_\_\_