



SAGINAW FIRE DEPARTMENT PLAN SUBMITTAL FORM

400 S. Saginaw Blvd. Saginaw, Tx 76179

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

For Official Use Only:

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: _____