



CITY OF CUERO FIRE MARSHAL FIRE CODE APPLICATION

219 E. MAIN STREET, CUERO TEXAS 77954 (361)275-6114 EXT. 620 JBARRIE@CITYOFCUERO.COM



THIS APPLICATION MUST BE SUBMITTED WITH PLANS FOR REVIEW

PROJECT INFO	Project Name: _____ Address: _____ Suite: _____ City, St.: _____ Zip: _____ Gross Square Feet: _____ Estimated Construction Cost \$ _____																					
APPLICATION INFO	Design Company: _____ Contact: _____ E-Mail: _____ Address: _____ City, St.: _____ Zip: _____ Phone: _____																					
PROPERTY OWNER	Name: _____ E-Mail: _____ Address: _____ City, St.: _____ Zip: _____ Phone: _____																					
CONSTRUCTION INFO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Shell Only</td> <td><input type="checkbox"/> Industrial Building</td> <td><input type="checkbox"/> Service Station, Repair Garage</td> </tr> <tr> <td><input type="checkbox"/> Public Utility</td> <td><input type="checkbox"/> Hospital, Institutional</td> <td><input type="checkbox"/> School, Library, other Educational</td> </tr> <tr> <td><input type="checkbox"/> Tanks, Towers</td> <td><input type="checkbox"/> Church, other Religious</td> <td><input type="checkbox"/> Professional or Mercantile Building</td> </tr> <tr> <td><input type="checkbox"/> Parking Garage</td> <td><input type="checkbox"/> Multi-Family Bldg. Units</td> <td><input type="checkbox"/> Public Works, Sewer & Water Plant Bldg.</td> </tr> <tr> <td><input type="checkbox"/> Lease Space Build Out</td> <td><input type="checkbox"/> Amusement, Recreational</td> <td><input type="checkbox"/> Other, Specify _____</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%;">Med. Gas in plans?</td> <td style="width: 10%; text-align: center;">Y</td> <td style="width: 10%; text-align: center;">N</td> <td style="width: 55%;">Height of Shelves / Racks in Storage: _____</td> </tr> </table> <p style="margin-top: 10px;">Lease Build Out Spaces: Types of Adjacent Businesses – Note businesses on both sides of your suite. (Examples: Nail Salon, Dentist, Office, Retail Store, etc.)</p> <p>Left Side: _____</p> <p>Right Side: _____</p>			<input type="checkbox"/> Shell Only	<input type="checkbox"/> Industrial Building	<input type="checkbox"/> Service Station, Repair Garage	<input type="checkbox"/> Public Utility	<input type="checkbox"/> Hospital, Institutional	<input type="checkbox"/> School, Library, other Educational	<input type="checkbox"/> Tanks, Towers	<input type="checkbox"/> Church, other Religious	<input type="checkbox"/> Professional or Mercantile Building	<input type="checkbox"/> Parking Garage	<input type="checkbox"/> Multi-Family Bldg. Units	<input type="checkbox"/> Public Works, Sewer & Water Plant Bldg.	<input type="checkbox"/> Lease Space Build Out	<input type="checkbox"/> Amusement, Recreational	<input type="checkbox"/> Other, Specify _____	Med. Gas in plans?	Y	N	Height of Shelves / Racks in Storage: _____
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FIRE SPRINKLER SYSTEMS	Automatic Sprinkler System		Y	N				
	Installation		Supply		Type		Standpipe	
	<input type="checkbox"/>	New	<input type="checkbox"/>	Underground Only	<input type="checkbox"/>	Wet	<input type="checkbox"/>	Wet
	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Sprinkler Only	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Dry
	<input type="checkbox"/>	Remodel	<input type="checkbox"/>	Underground w/Hydrants	<input type="checkbox"/>	Foam	<input type="checkbox"/>	Combination
	<input type="checkbox"/>	Retrofit	<input type="checkbox"/>	Tap in the Right-of-Way	<input type="checkbox"/>	Deluge	<input type="checkbox"/>	Wall Hydrant
	Number of Heads: _____					<input type="checkbox"/>	Pre-action	NFPA CODE: _____
						<input type="checkbox"/>	Anti-freeze	
	DRY HYDRANT			NOTES:				YEAR: _____
	<input type="checkbox"/>	Dry Hydrant						
<input type="checkbox"/>	Underground Tank							
<input type="checkbox"/>	Above Ground Tank							
FIRE ALARM SYSTEM	Fire Alarm System		Y	N	Quantity of Each:	Smoke Detectors: _____		
	Installation		<input type="checkbox"/>	Automatic F/A		Heat Detectors: _____		
	<input type="checkbox"/>	New	<input type="checkbox"/>	Manual System		Pulls: _____		
	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Sprinkler Monitor		Initiating Controls: _____		
	<input type="checkbox"/>	Remodel	<input type="checkbox"/>	Elevator Recall		Relays: _____		
	<input type="checkbox"/>	Retrofit	<input type="checkbox"/>	Smoke Control		Modules: _____		
	NFPA Code & Year: _____		<input type="checkbox"/>	Pre-Action		Duct Detectors: _____		
OTHER SYSTEMS	HOOD / FIXED SYSTEM(S)				ACCESS CONTROL			
	<input type="checkbox"/>	Hood(s)		Qty: _____	<input type="checkbox"/>	Access Control		
	<input type="checkbox"/>	Fixed Paint Booth System(s)		Qty: _____	<input type="checkbox"/>	Delayed Egress Locks		
	<input type="checkbox"/>	Releasing System			<input type="checkbox"/>	Electric Strikes		
					Number of Doors		Qty: _____	
					Number of Floors		Qty: _____	

DO NOT WRITE BELOW THIS LINE - REVIEWER USE ONLY

Reviewer	Date	Notes:	Received
Fee:	Date Paid:		