



Hidalgo Fire Department

Fire Sprinkler System Permit Application



This form must be completed and attached to the front of plans

	Initial Review	Re-Review	Overtime Review
Company Name:	_____		
Project Name:	_____		
Project Address:	_____		
Contact Person:	_____		
Company Phone:	_____	Fax Number:	_____
E-mail Address:	_____		

Type of Work:	New	Addition	Remodel		
Type of System:	Wet	Dry	Preaction	Deluge	Other _____
Auxiliary Equipment:	Antifreeze	Foam	Standpipe	Fire Pump	Other _____
Occupancy Hazard Class:	Light	Ordinary	Extra		Other _____
Building Construction:	Combustible	Noncombustible	Obstructed	Unobstructed	

Information to be provided on the plans :

- | | | |
|--|--|---------------------------------|
| <input type="checkbox"/> HFD Plan Review Number | <input type="checkbox"/> Equipment Data Sheets | ISO Review |
| <input type="checkbox"/> Project address | <input type="checkbox"/> Device Legend | 3 Sets of plan and digital copy |
| <input type="checkbox"/> Designer Address | <input type="checkbox"/> Narrative Scope of Work | |
| <input type="checkbox"/> Plans, Calculations, Cut Sheets signed sealed by RME | | |
| <input type="checkbox"/> Project is within the City of Hidalgo Fire Jurisdiction | | |

I attest the above information is provided and accurate; I understand my plans will not be reviewed if any of the items were not provided.

Signature: _____

THIS PLAN IS READY FOR PICK-UP

- APPROVED/APPROVED AS CORRECTED
- DISAPPROVED/WITHDRAWN
- FEES DUE: _____
- Reviewer: _____

Comments: _____

Please do not call our office regarding plan review comments until after pickup and review by your office.

**** All plans remaining in our office more than 30 days will be discarded as abandoned.**