



Phone: 979-478-6893
secretary@cityoforchardtx.gov

9714 Kibler Street (P.O. Box 59)
Orchard, TX 77464

Fire Alarm / Fire Sprinkler Application

Permit Number:	_____	Valuation:	_____
Project Name:	_____		
Project Address:	_____	Square Foot:	_____
Project Description:	FIRE ALARM <input type="checkbox"/> FIRE SPRINKLER <input type="checkbox"/>		
	UNDERGROUND FIRE LINE <input type="checkbox"/>		
<i>Plans may be submitted by FedEx or Email</i>			

Owner Information:			
Name: _____		Contact Person: _____	
Address: _____			
Phone Number: _____	Cell Number _____	Email _____	

Fire Alarm Contractor	Contact Person	Phone Number & Email	Contractor License Number
Fire Sprinkler Contractor	Contact Person	Phone Number & Email	Contractor License Number

It shall be unlawful to use or occupy or permit the use or occupancy of any building or premises created, erected, changed, converted or altered or enlarged in its use or structure until a Certificate of Occupancy shall have been issued by the administrative official. A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by: _____	Date Approved: _____
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Fire Alarm Plan Review Fee: _____
Fire Alarm Inspection Fee: _____
Fire Sprinkler Plan Review Fee: _____
Sprinkler Inspection Fee: _____
Underground Line Plan Review Fee: _____
Underground Line Inspection Fee: _____

Total Permit Fee: _____
Issued Date: _____
Issued By: _____
BV Project # _____



Annual Fire Safety Inspection Application

Permit Number:	_____
Project Name:	_____
Project Address:	_____
Project Description:	Annual Fire Safety Inspection <input type="checkbox"/>
<i>There is a fee for all re-inspections</i>	

Owner Information:		
Name:	Contact Person:	
Address:		
Phone Number:	Cell Number	Email

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:

Approved by:	_____	Date Approved:	_____
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Annual Fire Safety Fee: _____
Re-inspection Fee _____
Date of Original Inspection _____
Next Inspection Due On _____

Total Permit Fee: _____
Issued Date: _____
Issued By: _____
BV Project # _____



Fire Certificate of Occupancy Application

Permit Number: _____

Project Name: _____

Project Address: _____

There is a fee for all re-inspections

Owner Information:

Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Cell Number _____

Email _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY:

Approved by: _____	Date Approved: _____
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Fire Certificate of Occupancy _____

Total Permit Fee: _____

Issued Date: _____

Issued By: _____

BV Project # _____



CONTRACTOR REGISTRATION FORM

TYPE OF CONTRACTOR LICENSE

____ ELECTRICAL CONTRACTOR
____ MASTER ELECTRICIAN
____ JOURNEYMAN ELECTRICIAN
____ MASTER SIGN ELECTRICIAN

____ MECHANICAL (HVAC)
____ IRRIGATOR (LANDSCAPE)
____ BACKFLOW (*special form required*)

____ MASTER PLUMBER
____ JOURNEYMAN PLUMBER

____ OTHER

CONTRACTOR INFORMATION

COMPANY NAME: _____ PHONE: _____
EMAIL ADDRESS: _____
COMPANY ADDRESS: _____
CITY, STATE, ZIP: _____
LICENSEE NAME: _____
LICENSEE NUMBER: _____ PHONE: _____
ADDRESS (MAILING): _____
CITY, STATE, ZIP: _____
SIGNATURE: _____ DATE: _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE AND STATE LICENSE

For City use only



**BUREAU
VERITAS**

RESIDENTIAL INSPECTION RECORD

This record must remain on site until project completion

PROJECT ADDRESS _____ PERMIT# _____

DO NOT COVER WORK UNTIL APPROVED

Approved

Inspection		Date	Inspector	Comments
UNDERGROUND	T-Pole			
	Plumbing Rough			
	Water Service			
	Building Sewer			
	Form Survey			
	Electric Underground			
	Mechanical Underground			
FDTN	Pier			
	Footing			
	Grade Beam			
	Foundation			
FRAME & 2NDS	Electric Rough			
	Plumbing Top-Out			
	Gas Rough Piping Test			
	Mechanical Rough			
	Fireplace			
	Framing			
	Energy Insulation			
MTR	Electric Meter Release			
	Gas Meter Release			
FINALS	Electrical Final			
	R.O.W. Tag (FW only)			
	Mechanical Final			
	Fireplace Final			
	Plumbing Final			
	Customer Service Letter			
	Gas Final			
	Energy Final			
	Building Final			

Comments _____

