



City of San Antonio
Fire Prevention Division
1901 S. Alamo St
San Antonio, TX 78204



Fire Systems Inspection Request Form

Permit: _____
(A/P#)

Job Site: _____
(Project Name)

Project Address: _____
(Physical Address) (City) (State) (Bldg. # / Suite #) (Zip Code)

COSA (Contractor) I.D. : _____

Company/Org. Name: _____
(Name of Contractor requesting inspection)

Office Number: _____ Email: _____

<u>INSPECTIONS:</u>	Fire Alarm	Fixed Extinguishing System	Paint Booth	Gaseous Suppression	Fire Lane	Building Fire Final	Certificate of Occupancy
<i>(Select All that apply)</i>							

Select scope of work:	Fire System Final	Visual (100+ heads)	Visual (less than 100 heads)	UG Visual	Hydro	Flush	Flow	Main Drain Test	Tamp/Flow	24 Air Test	Hi/Low Test	Trip Test
<u>Fire Sprinkler</u>												
<u>Underground</u>												

*Total device/sprinkler head count to be inspected/tested: _____

Note: Fire systems inspections will be conducted between the hours of 7:00A.M. and 1P.M.

Requested Date of Inspection: _____ Total Hours Requested: _____

On-Site Contact Name: _____ Contact Number: _____

Payment Type:

☐ Please deduct inspection fee(s) from my escrow account.

☐ Pay On-line Contact Name: _____ Phone: _____

☐ CC - Cashier Contact Name: _____ Phone: _____

Signature*:		Print Name:		Date:	
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