

DATE OF SUBMITTAL \_\_\_\_\_

BPA # \_\_\_\_\_



**BEXAR COUNTY FIRE MARSHAL  
AND EMERGENCY MANAGEMENT OFFICE**

9810 SOUTHTON ROAD  
SAN ANTONIO, TEXAS 78223  
TEL: 210.335.0300 FAX: 210.335.0330



**CHRIS LOPEZ**  
Fire Marshal

**AUTHORIZATION TO ISSUE BUILDING PERMITS**

By law, a building permit must be issued or denied within 30 days of the date it is submitted for review. Due to other provisions of law, which could require the issuance of a building permit before other County review processes are completed, effective February 15, 2008, Bexar County Fire Marshal's Office will not receive and/or review building construction documents nor issue a building permit until authorization has been signed off by the Bexar County Public Works Department.

**This document must be reviewed/approved by the Bexar County Public Works Department which is located at 1948 Probandt Street, San Antonio, Texas 78214. The phone number for Bexar County Public Works is 210-335-6700.**

**Documents will not be considered to have been properly submitted until this Authorization has been completed and returned with all required documents to the Bexar County Fire Marshal's Office, 9810 Southton Road, San Antonio, Texas, 78223.**

**PUBLIC WORKS – DEVELOPMENT SERVICES AUTHORIZATION**

Contact Name for Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Project Name: \_\_\_\_\_

Street Address/Location for Project or Facility: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

=====Section below to be completed, initialed (where applicable), and signed by Public Works Staff =====

**Subdivision Plat**  Accepted  Denied  N/A **Initial:** \_\_\_\_\_

Plat # \_\_\_\_\_ Recorded Volume: \_\_\_\_\_ Pg: \_\_\_\_\_

If N/A, Describe Exception: \_\_\_\_\_

**Environmental**  Accepted  Denied  N/A **Initial:** \_\_\_\_\_

Sanitary Sewer – Provider \_\_\_\_\_  OSSF Permit #: \_\_\_\_\_

Limited Lighting Plan Required  No  Yes If Yes, Please Explain: \_\_\_\_\_

Other Environmental (Describe): \_\_\_\_\_

**Storm Water Quality**  Accepted  Denied  N/A **Initial:** \_\_\_\_\_

Storm Water Quality Permit  No  Yes If Yes, Insert Permit #: \_\_\_\_\_

Post-Construction Best Management Practices Identified  No  Yes If Yes, Insert Permit #: \_\_\_\_\_

**Floodplain/Drainage**  Accepted  Denied  N/A **Initial:** \_\_\_\_\_

Floodplain on Site  No  Yes If Yes, Insert Permit #: \_\_\_\_\_

Drainage Design Required  No  Yes If Yes, Insert Date of Drainage Plan Acceptance \_\_\_\_\_

COSA FILO Fee Required  No  Yes If Yes, Insert Date of COSA Review \_\_\_\_\_

**Right-Of-Way**  Accepted  Denied  N/A **Initial:** \_\_\_\_\_

Permit Required:  No  Yes If Yes, Insert Permit #: \_\_\_\_\_

**Conditions:**

Official Use Only  Accepted with Conditions noted above. This Project is Authorized to apply for Building or other permits identified on the attached application from the Fire Marshal.  
 Denied This Project is deemed to be incomplete if area listed above is marked "Denied".

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Building Permit (@ Fire Marshal's Office)**  Approved  Denied **Initial:** \_\_\_\_\_

Permit Required:  No  Yes If Yes, Insert Permit #: \_\_\_\_\_



# BEXAR COUNTY FIRE MARSHAL'S OFFICE

9810 Southton Road SAN ANTONIO, TX 78223 (210) 335-0300 Fax: (210) 335-0330



## APPLICATION FOR BUILDING/SYSTEM(S) PERMITS & WORK AUTHORIZATIONS

### SELECT TYPE OF PERMIT OR WORK AUTHORIZATION REQUESTED

<input type="checkbox"/> Residential Building <i>Voluntary – Not required by law. (Complete all Sections)</i>	<input type="checkbox"/> Electrical Work Authorization <i>(Skip Sections B &amp; D)</i>
<input type="checkbox"/> Commercial or Public Access Building <i>(Complete all Sections)</i>	<input type="checkbox"/> HVAC Work Authorization <i>(Skip Sections B &amp; D)</i>
<input type="checkbox"/> Modular or Mobile Building Installation <i>(Complete all Sections)</i>	<input type="checkbox"/> Plumbing Work Authorization (gas only) <i>(Skip Sections B &amp; D)</i>
<input type="checkbox"/> Temporary (<1 yr.) Membrane/tent (<90 days) <i>(Complete all Sections)</i>	
<input type="checkbox"/> Vent/Hood Suppression System <i>(Skip Sections B &amp; D)</i>	<input type="checkbox"/> Fuel Tank Removal (Above or Below Ground) <i>(Skip Sections B &amp; D)</i>
<input type="checkbox"/> Fire Sprinkler System <i>(Skip Section B)</i>	<input type="checkbox"/> Fuel Tank Installation (Above or Below Ground) <i>(Skip Sections B &amp; D)</i>
<input type="checkbox"/> Fire Alarm System/Sprinkler Monitoring <i>(Skip Sections B &amp; D)</i>	<input type="checkbox"/> Fuel System Line Installation <i>(Skip Sections B &amp; D)</i>
<input type="checkbox"/> Alternative Fire Suppression System <i>(Skip Sections B &amp; D)</i>	
<input type="checkbox"/> Smoke Control System <i>(Skip Section B &amp; D)</i>	
<input type="checkbox"/> Underground System – sprinkler/hydrants <i>(Skip Sections B &amp; D)</i>	
<input type="checkbox"/> Paint/Spray Booth Protection System <i>(Skip Sections B &amp; D)</i>	<input type="checkbox"/> Electric Gate SOS Install Authorization <i>(Skip Sections B &amp; D)</i>

### SECTION A: PROJECT, BUILDING OWNER AND BUSINESS OWNER INFORMATION

Name of Building Project		Address of Project		City	Zip Code
Name of Building Owner/Company		Address		City	State
Phone # of Building Owner/Company	Fax # of Building Owner/Company	e-mail Address of Building Owner		Zip Code	
Name of Business Owner/Company		Address		City	State
Phone # of Business Owner/Company	Fax # of Business Owner/Company	e-mail Address of Business Owner		Zip Code	
Project Value \$ (Total cost of building project)					

TWO COMPLETE COPIES OF LICENSED ARCHITECT, ENGINEER, OR DESIGN PROFESSIONAL PRODUCED PLANS AND SPECIFICATIONS MUST BE ATTACHED TO THIS APPLICATION, ACCOMPANIED BY **NON-REFUNDABLE** PERMIT FEE AS REQUIRED BY THE FEE SCHEDULE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE "BEXAR COUNTY CLERK".

### SECTION B: FIRE PROTECTION SYSTEM INFORMATION

System	Proposed	Required	System	Proposed	Required
Knox Box or Electric Operated Gate	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Control System	<input type="checkbox"/>	<input type="checkbox"/>
Vent/Hood Suppression	<input type="checkbox"/>	<input type="checkbox"/>	Underground Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	Paint/Spray Booth	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm/Sprinkler Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>

### SECTION C: BRIEFLY EXPLAIN THE USE OF THE BUILDING OR FACILITY BELOW

### SECTION D: SPECIFY WASTE WATER TYPE AND WATER SOURCE FOR FIRE PROTECTION SYSTEMS / TDLR PROJECT #

<input type="checkbox"/> San Antonio Water System	<input type="checkbox"/> TDLR PROJECT NUMBER (REQUIRED):
<input type="checkbox"/> Private Water Company Specify:	<input type="checkbox"/> Other Specify:
WASTEWATER SYSTEM: <input type="checkbox"/> Public Sewer System	Specify Company or "None" if no water to structure:
<input type="checkbox"/> OSSF System (Standard, Aerobic, or Other - Public Works Environmental Services Authorization Rq'd)	(Interior Finish and Change of use only – All other applications require BPA ) Public Works Environmental Svcs Authorization: _____

### FOR OFFICE USE ONLY

Date Received:	File #:	Building Permit #:	F.P. System or Fuel Permit #:	Work Authorization #:
Permit Fee:	Check/M.O. #:	Receipt #:	Received By:	Deposit to:
\$				<input type="checkbox"/> 001 <input type="checkbox"/> 007
Date Completed:	Map Grid/Pct #/Insp Dist.	Code Edition Used:	Construction Type:	Bld. Group Class.
	/ /			
Building/Space/Suite#	Building Size	Occupant Load	Sprinkler System Required?	Fire Alarm Required?
			Yes / No	Yes / No

Please Complete Side 2

BCFMO Rev. May 1, 2019

SECTION E: TYPE OF WORK OR AUTHORIZATION TO BE REVIEWED			
<input type="checkbox"/> New Building complete with Interior Finish-out	<input type="checkbox"/> Electrical Work Authorization (Attach Masters License)		
<input type="checkbox"/> New Building – Shell Structure Only	<input type="checkbox"/> HVAC Work Authorization (Attach Masters License)		
<input type="checkbox"/> New Building – Site Development and/or Foundation Only	<input type="checkbox"/> Plumbing Work Authorization (Attach Masters License)		
<input type="checkbox"/> Modular or Mobile Building Installation			
<input type="checkbox"/> Interior Finish-out (completion) of Shell Structure/Space	<input type="checkbox"/> Electrically Operated Gate (SOS) Authorization		
<input type="checkbox"/> Interior Remodel/Refinish (Substantial Improvement)	<input type="checkbox"/> Fuel Tank Removal – Underground/Above Ground		
<input type="checkbox"/> Temporary Structure / Membrane Structure (tent)	<input type="checkbox"/> Fuel Tank Installation – Underground/Above Ground		
<input type="checkbox"/> Fire Protection System Installation	<input type="checkbox"/> Fuel System Installation – Underground Lines		
SECTION F: ARCHITECT/ENGINEER/DESIGNER INFORMATION			
Architect/Engineer/Designer Company	Architect/Engineer/Designer Address	Architect/Engineer/Designer City	Zip Code
Name of Person making application:	Phone #:	e-mail Address:	License #:
	( )		
SECTION G: CONTRACTOR / BUILDER INFORMATION			
Contracting Company	Contracting Company Address	Contracting Company City/State	Zip Code
Name of Person making application:	Phone #:	e-mail Address:	License #:
	( )		
Job Superintendent/Forman	Phone #	Cell Phone #	e-mail Address
	( )	( )	
Secondary Job Contact	Phone #	Cell Phone #	e-mail Address
	( )	( )	

If the property to be built upon is within the City of San Antonio Extra Territorial Jurisdiction (ETJ), you should contact San Antonio Developmental Services to determine if there are any ETJ requirements with which you must comply. If the property to be built upon is within the City of Helotes Extra Territorial Jurisdiction (ETJ), you should contact The City of Helotes to determine if there are any ETJ requirements with which you must comply.

I have read the completed application and know the same to be true and correct and hereby agree that if a permit and/or approved plans are issued, all provisions of the applicable County Fire Code will be complied with whether herein specified or not. I understand that if I do not check an item, which applies to the above address shown on page one of this application, I will be held responsible for additional fees and/or construction requirements as called for by the applicable County Fire Code.

THE APPLICANT SHALL BE RESPONSIBLE FOR INFORMING ALL PARTIES INVOLVED, INCLUDING THE DESIGN PROFESSIONALS, OF ANY CODE NON-COMPLIANCE NOTED ON THE PLANS.

I UNDERSTAND THAT I MAY NOT PROCEED WITH ANY WORK DESCRIBED HEREIN UNTIL I RECEIVE APPROVED PLANS AND A PERMIT FROM THE BEXAR COUNTY FIRE MARSHAL'S OFFICE. I ALSO UNDERSTAND THAT IF A NOTICE OF VIOLATION HAS BEEN ISSUED FOR STARTING WORK WITHOUT FIRST OBTAINING AN APPROPRIATE PERMIT, THE APPLICATION FEES WILL BE INCREASED, POSSIBLY UP TO TWICE OF THE ORIGINAL PERMIT FEE, AS PROVIDED IN THE ADOPTED COUNTY FIRE CODE AND COMMISSIONERS COURT ORDER. Initial: \_\_\_\_\_

ALL FEES SHALL BE PAYABLE TO THE BEXAR COUNTY CLERK AND ARE NON-REFUNDABLE. Initial: \_\_\_\_\_

After plan review, all plans are stored electronically. Prior to issuance of the Certificate of Occupancy or Certificate of Compliance, an "AS-BUILT" PDF plan set is required to be submitted to the Bexar County Fire Marshal's Office.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

An intake appointment must be scheduled online at [www.bexar.org/fm](http://www.bexar.org/fm) for your plan submittal and a completed application must be submitted and all permit fees must be paid before your plan review will be conducted.

Please direct any questions to:

Fire Code Enforcement Section  
9810 Southton Road  
San Antonio, TX. 78223  
Office: (210) 335-0300 Fax: (210) 335-0330

**Construction plans shall be To Scale and shall not exceed:  
24 x 36 inches and must be submitted as a flattened pdf document.  
PDF must be saved to a USB thumb drive and submitted at intake appt.**



# BEXAR COUNTY FIRE MARSHAL'S OFFICE

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## FIRE FLOW TEST REPORT

### PROJECT INFORMATION:

Project Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Street, Zip Code: \_\_\_\_\_

### FIRE FLOW TESTING COMPANY INFORMATION:

Name of individual preparing this report: \_\_\_\_\_  
Company Represented: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, Street, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
Signature of person preparing this report: \_\_\_\_\_ Date: \_\_\_\_\_

### WITNESS INFORMATION:

Name of person witnessing flow test: \_\_\_\_\_  
Company Represented: \_\_\_\_\_  
Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_

TEST DATA: Date of Test: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Hydrant Location: \_\_\_\_\_ Distance to Project: \_\_\_\_\_ feet

Water Supplier:  SAWS  Bexar-Met  Other: \_\_\_\_\_

Flow Hydrants:	<u>A1</u>	<u>A2</u>	<u>A3</u>
Size of Opening	_____	_____	_____
Coefficient	_____	_____	_____
Pittot Reading	_____	_____	_____
GPM	_____	_____	_____

Total Test Flow \_\_\_\_\_ GPM Static Reading \_\_\_\_\_ PSI Residual Reading \_\_\_\_\_ PSI

Test Hyd.		A1. Flowing Hydrant					A2. Flowing Hydrant					A3. Flowing Hydrant				
Static (PSI)	Residual (PSI)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)	Pitot (PSI)	Size (In.)	Theo. Flow (GPM)	Hyd. Coef.	Actual Flow (GPM)

Please attach a chart plotting fire flow data.