

***City of Seguin***  
***Fire Marshal's Office***  
***660 S. Hwy 46, Seguin Tx. 78155***  
***(830)401-2312 Fax (830)401-2772***

Suppression System Application  
For Permit

ADDRESS \_\_\_\_\_

JOB NAME \_\_\_\_\_

OWNER \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

DESIGNATED REPRESENTATIVE \_\_\_\_\_

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Designated Representative \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

TYPE OF SYSTEM;                   \_\_ Sprinkler System, \_\_ Fixed Pipe Dry Chem.,  
  \_\_ Fixed Pipe Wet Chem., \_\_ Standpipe/Water  
  Systems, \_\_ Other System Type

INSTALLATION AREA;           \_\_ Entire Building, \_\_ Portion of Building,  
  \_\_ Special Hazard Area, \_\_ Cooking Area  
  \_\_ Other Area

JOB TYPE;                         \_\_ New Installation, \_\_ Modification, \_\_ Repair  
  \_\_ Replacement, \_\_ Other

NUMBER OF HEADS \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date