**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)"

- **Company Address:** 
  "(Physical Address) (City) (State) (Bldg. # / Suite #) (Zip Code)"

- **Office Number:** 
  """

- **Fax:** 
  """

- **Email:** 
  """

### INSPECTIONS:

<table>
<thead>
<tr>
<th>Fire Systems Inspection Request Form</th>
<th>Fire Alarm</th>
<th>Fixed Pipe</th>
<th>Paint Booth</th>
<th>Gaseous Suppression</th>
<th>Fire Lane</th>
<th>Fire Final</th>
<th>Certificate of Occupancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Sprinkler/Underground:</td>
<td>Visual (less than 100 heads)</td>
<td>Visual (100+ heads)</td>
<td>Hydro</td>
<td>Flush</td>
<td>Flow</td>
<td>Main Drain Test</td>
<td>Tamper/Flow</td>
</tr>
<tr>
<td>On-Site Contact Name:</td>
<td>Contact Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

**Note:** Fire systems inspections will be conducted between the hours of 7:00 A.M. and 1 P.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.
- [ ] Credit Card Contact Name: ______________________ Phone: ______________________
- [ ] Pay On-line Contact Name: ______________________ Phone: ______________________

**Signature*: **

*Provide Contact ID (AC#####) if unable to sign the digital document

Please email this request to: **fireinspections@sanantonio.gov**