



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)

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

**Office Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>INSPECTIONS:</b>		Fire Alarm	Fixed Pipe	Paint Booth	Gaseous Suppression	Fire Lane	Fire Final	Certificate of Occupancy		
<b>Fire Sprinkler/Underground:</b>	Visual (less than 100 heads)	Visual (100+ heads)	<b>Hydro</b>	<b>Flush</b>	<b>Flow</b>	<b>Main Drain Test</b>	<b>Tamper/Flow</b>	<b>24 Air Test</b>	<b>Hi/Low Test</b>	<b>Trip Test</b>
(Check all that apply:)										

**\*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.

Credit Card    **Contact Name:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

Pay On-line    **Contact Name:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

<b>Signature*:</b>		<b>Print Name:</b>		<b>Date:</b>	
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\*-Provide Contact ID (AC#####) if unable to sign the digital document