



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: _____

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

*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.
If an appointment time is required, please select: _____ 7:30AM or _____ 10:00 AM.

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*: _____	Print Name: _____	Date: _____
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*-Provide Contact ID (AC#####) if unable to sign the digital document