



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:)										
<u>Fire Sprinkler/</u>	<u>Visual</u> (less than 100 heads)	<u>Visual</u> (100+ heads)	<u>Hydro</u>	<u>Flush</u>	<u>Flow</u>	<u>Main Drain Test</u>	<u>Tamper/ Flow</u>	<u>24 Air Test</u>	<u>Hi/Low Test</u>	<u>Trip Test</u>
<u>Underground:</u>										

*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