CITY OF BULVERDE
FIRE ALARM / FIRE SPRINKLER / FIRE SUPPRESSION SYSTEM
APPLICATION

PERMIT #: ____________________  VALUATION: ____________________

PROJECT/BUSINESS NAME: ____________________

PROJECT ADDRESS: ____________________

PROJECT DESCRIPTION: FIRE ALARM ☐  FIRE SPRINKLER ☐  FIRE SUPPRESSION SYSTEM ☐

MUST PROVIDE 2 COMPLETE SETS OF PLANS

BUSINESS OWNER NAME: ____________________

ADDRESS: ____________________

PHONE: ____________________  ALT PHONE: ____________________

FAX NUMBER: ____________________

CONTRACTOR: ____________________

ADDRESS: ____________________

CONTACT PERSON: ____________________  PHONE: ____________________

STATE CONTRACTOR LICENSE NUMBER: ____________________

EMAIL ADDRESS: ____________________

A permit becomes null and void if work or construction authorized is not commenced within 180 days, or if
coloration or work is suspended or abandoned for a period of 180 days at any time after work is
commenced.

All permits require final inspection.

I hereby certify that I have read and examined this application and know the same to be true and correct.
All provisions of laws and ordinances governing this type of work will be complied with whether specified
or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of
any other state or local law regulating construction or the performance of construction.

Signature of Applicant: ____________________  Date: ____________________

Printed Name of Applicant: ____________________

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11/2016