

FEES DOUBLE IF  
WORK IS  
PERFORMED  
WITHOUT PERMIT  
BEING ISSUED



NON -  
TRANSFERABLE  
NO REFUNDS  
EXPIRES IN 180  
DAYS

Permits and Inspections Department  
Email: [permits.inspections@cityofkaty.com](mailto:permits.inspections@cityofkaty.com)

**APPLICATION FOR COMMERCIAL FIRE SPRINKLER/ALARM PERMIT**

NEW INSTALL \_\_\_\_\_ MODIFY EXISTING \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**LEGAL PROPERTY OWNER:** \_\_\_\_\_

Owner's Address/City/State/Zip: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_

**CONTRACTOR'S NAME:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Contractor's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**DESCRIPTION OF PROJECT:** \_\_\_\_\_

\*\*\*3 SETS OF PLANS NEEDED

**FIRE SPRINKLER:**

**FIRE ALARM:**

**TOTAL # OF HEADS** \_\_\_\_\_

**TOTAL SQ. FT.** \_\_\_\_\_

**VALUE OF WORK \$** \_\_\_\_\_

**VALUE OF WORK \$** \_\_\_\_\_

**FIRE SPRINKLER FEES:**

\*Permit w/5 Sprinkler Heads @ \$10.00

\*Additional Sprinkler Heads @ \$1.50 each \$ \_\_\_\_\_

**FIRE ALARM FEES:**

\$1,000 - \$50,000 @ \$15.00

PLUS \$5.00/th over \$1,000 or fraction

\$50,000 - \$100,000 @ \$260.00

PLUS \$4.00/th over \$50,000 or fraction \$ \_\_\_\_\_

**\*\*NOTE:(If above items total less than \$15.00; minimum \$15.00 applies)**

APPLICATION FEE \$ 10.00

TOTAL PERMIT FEE \$ \_\_\_\_\_

**REINSPECTION FEES: (If required)**

Reinspection fee is \$15.00 for the first reinspection, and the fee increases in increments of \$15.00 for each subsequent reinspection. (Ordinance 2240 adopted 11/10/03)

The undersigned, in compliance with the Plumbing Ordinances and Codes of the City of Katy, hereby applies for a permit to perform the described work: **I HEREBY ACCEPT ALL CONDITIONS SET ABOVE AND CERTIFY THAT ALL STATEMENTS MADE HEREIN ARE TRUE. APPLICANT ACKNOWLEDGES THAT SIGNATURES TRANSMITTED ELECTRONICALLY OR BY FACSIMILE TRANSMISSION HAVE THE SAME LEGAL EFFECT AS ORIGINALS.** (revised 1-8-15)

Original Signature of State Licensed Holder \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_