

# University of Houston

## Fire Suppression Installation/ Revision Permit

UH Building Permit Number

Company Name

Phone Number

Texas License Number

Address

Job Supervisor

Phone Number

U of H Project Manager

Work Request Number

### Job Information

Building Name

Building Number

Floors or Rooms Affected

Work Hours

Start Date

End Date

Start Time

End Time

After Hours Work:  YES  NO

If Yes what time will job end

Weekend Work:  YES  NO

If Yes what days

Have Certified Plans been submitted to the U of H Fire Marshal's Office for Review and Approval:

YES

NO

**PLANS MUST BE SUBMITTED BEFORE WORK CAN BEGIN!**

Description of work to be done

Will Fire Suppression System be shut down:

YES

NO

If Yes What is the name of the Fire Watch:

Fire Watch Names

**All Fire Watches Must be Properly Trained!**

Signature

Print Name

Approved By

Title

Date Approved

Time Approved

Permit Expires on