



Fire Suppression Application

Date: _____

Application# _____

(Assigned by Town)

Send application and plans to applications@crossroadstx.gov.

TYPE OF APPLICATION	Check one.
Fire Alarm	
Fire Alarm (Water Flow Monitor)	
Standpipe System	
Underground Fire Line	
Sprinkler	
Sprinkler (Single Family Residence)	
Other (please specify in description below)	

Property Owner's Name: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

Applicant Name & Business Name _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email Address: _____

PROJECT ADDRESS: _____

Describe work to be done: _____

Square footage to be served _____

Property Owners Signature _____ Date: _____

Permit Amt. \$ _____ Ck# _____ Date Rec'd _____ Receipt # _____

Inspections Needed: _____ Total \$ _____

Total Permit Amt including Inspections: \$ _____