

Kevin Palmer
Fire Marshal



Andrew Rapp
Deputy Fire Marshal

FIRE AND LIFE SAFETY APPLICATION

Facility Information	Contact Information	DEPT. USE ONLY
Name:	Name:	Date submitted: _____
Address:	Phone number:	Fee \$ _____ () paid
Phone number:	Email address:	Receipt # _____
		FI _____ - _____

TYPE OF PERMIT AND SERVICES

- | | | |
|---|--|--|
| ☐ NEW CONSTRUCTION | ☐ Certificate of Compliance | ☐ Hospital / Nursing Homes |
| ☐ FIXED PIPE SYSTEM | ☐ Fireworks Stand | ☐ Other 24-Hour Care Facility |
| ☐ FIRE ALARM SYSTEM | ☐ Fireworks Public Display | ☐ Mass Gathering |
| ☐ FIRE PROTECTION SYSTEMS | ☐ Mobile Food Unit | ☐ Game Room |
| ☐ PRE-SUBMITTAL REVIEW | ☐ Kitchen Hood System | ☐ Game Room (Machines) |
| ☐ REINSPECTION & RETESTING | ☐ Spray Booth Installation | ☐ Teir II (Annual) |
| ☐ DUPLICATE PERMIT | ☐ Hot Works (per project) | ☐ Re-Inspection |
| ☐ TABC LICENSE INSPECTION | ☐ Foster Home / Group Home | |
| ☐ FIRE WATCH / STANDBY | ☐ Daycare Centers | ☐ OTHER _____ |
| ☐ FIRE SPRINKLER | | |

Details regarding the above request must be provided when application is made and whenever requested by the Fire Marshal. It is the applicant's responsibility to ensure that conditions are in accordance with applicable codes and regulations. No work is to commence until plans are approved and a permit is issued. Violation of work without a permit can result in the issuance of a fine, permit revocation or both. Approved drawing, plans, and or details must always remain present at the location of the project.

Signature of Applicant: _____ Date: _____

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|---|-------------------------------|-------------------------------|
| ☐ Plans Review: | ☐ Pass | ☐ Fail |
| ☐ Inspection Date: | ☐ Pass | ☐ Fail |
| ☐ Re-Inspection Date(s): | ☐ Pass | ☐ Fail |
| ☐ Re-Inspection Date(s): | ☐ Pass | ☐ Fail |

Permit Approved by: _____ Date: _____