

1. PROJECT INFORMATION:

DATE OF SUBMITTAL: _____

PROJECT ADDRESS (If existing): _____

HCAD PARCEL NO(s) 13-digit Tax ID(s): 1.) _____

2.) _____ 3.) _____

PROPERTY LEGAL DESCRIPTION: _____

- FIRE ALARM FIRE SUPPRESSION VENT HOOD FIRE SUPPRESSION UNDERGROUND FIRE LINE
 ABOVE-GROUND FIRE SUPPRESSION FIRE SPRINKLER

DESCRIBE WORK: _____

BUILDING USE: _____ NO. OF STORIES: _____ TOTAL SQ. FOOTAGE: _____ PROJECT VALUATION: \$ _____

2. PROPERTY OWNER CONTACT INFORMATION:

OWNER'S NAME: _____ PHONE : _____

MAILING ADDRESS: _____

E-MAIL: _____

3. CONTRACTOR:

*HOMEOWNER IS CONTRACTOR

CONTRACTOR COMPANY: _____

PHONE 1: _____ PHONE 2: _____

E-MAIL: _____ FAX #: _____

MAILING ADDRESS: _____

CONTACT PERSON'S NAME: _____ PHONE: _____

4. APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION (Check applicable boxes):

- COMPLETE ITEMS 1-4 OF PERMIT APPLICATION
 SUBMIT TWO (2) COMPLETE SETS (HARDCOPIES) OF CONSTRUCTION PLANS FOR REVIEW

****If Homeowner is Contractor,
must furnish notarized
Homestead Affidavit***

NOTES TO APPLICANT:

1. CONTRACTOR MUST BE REGISTERED WITH THE CITY
2. TO REGISTER WITH CITY, SUBMIT CURRENT CERTIFICATE OF INSURANCE WITH CITY NAME & ADDRESS AS CERTIFICATE HOLDER
3. **NOT A VALID PERMIT UNTIL OWNER/CONTRACTOR IS NOTIFIED OF APPROVAL AND ALL APPLICABLE FEES ARE PAID IN FULL**

APPLICANT PRINTED NAME: _____ APPLICANT SIGNATURE: _____

(STAFF USE ONLY):

Occupancy Type: _____ Const. Type: _____ Flood Zone: _____ Use Zone (Zoning District): _____ CE: _____ Taxes: _____

FEES: PERMIT FEE: \$ _____ PLAN CHECK FEE: \$ _____

Special Conditions: _____

Must complete all work and pass City inspection within 10 days of permit issuance to avoid further Code Enforcement Action

PERMIT APPROVAL: Fire Marshal (Commercial Only): _____ Date: _____
Approved for Issuance by: _____ Date: _____

PERMIT NO. _____