



Travis County Fire Marshal's Office FIRE CODE PERMIT APPLICATION



5555 Airport Blvd, Suite 400, Austin, Texas 78751
Office Phone: 512-854-4621 Fax: 512-854-6471

Application Date: ____/____/____

TNR Application Number: ____ -- ____ -- ____

TDLR Permit Number: _____ or RAS Contact: _____

BUSINESS INFORMATION

Commercial Establishment, Business or Public Building Name: _____

Corporation / DBA Name: _____

911 Street Address or Location: _____

Numerals	Street/Road Name or Number	Suite/Unit No.
_____	_____	_____
_____	MAPSCO _____ / _____	_____
City	State	Zip Code
_____	_____	_____
	Page	Block

Exact Legal Description: _____

Subdivision _____ Lot _____ Block _____

Phase _____ Section _____; OR Acres _____ Out of _____ Survey # _____

Recorded in Real Property Records of Travis County Volume: _____ **Page:** _____ **Tax Parcel ID #:** _____

Main Phone Number: (____) _____ **Secondary Phone Number:** (____) _____ **Fax Number:** (____) _____

Proposed Commercial Establishment or Public Building Use Type: _____

Times of Operation: _____ (AM / PM) _____ (AM / PM) **Days of Week:** _____

CONTACT INFORMATION

PRINCIPAL CONTACT / PERMITEE / APPLICANT

Name: _____ **Date of Birth:** ____/____/____
 Last First Middle Initial

Mailing Address: _____

Phone Number: (____) _____ **Fax Number:** (____) _____

Email: _____

If the permit applicant is a corporation, partnership or other legal entity other than a natural person, state the name, date of birth, mailing address, residential address and business address for each general member of the partnership and any limited partners who own at least a ten percent (10%) interest in the partnership on an additional sheet and attach with this permit application.

OWNER

Name: _____ **Date of Birth:** ____/____/____
 Last First Middle Initial

Mailing Address: _____

Phone Number: (____) _____ **Fax Number:** (____) _____

Email: _____



Travis County Fire Marshal's Office FIRE CODE PERMIT APPLICATION



5555 Airport Blvd, Suite 400, Austin, Texas 78751
Office Phone: 512-854-4621 Fax: 512-854-6471

Commercial Establishment, Business or Public Building Name: _____

Start Date of Construction: ____/____/____ **Square Footage:** _____

Estimated Cost of Construction: _____

Check ONE of the following that applies to the project:

- New Construction
 Substantial Improvement
 Change in Occupancy Classification

"Substantial Improvement" is applicable to an enlarged, altered, repaired, moved, removed, demolished or converted existing structure or infrastructure.

Supply with this application:

- One (1) set of construction and site plans for the proposed building or system containing all plans and specifications; and
- If the applicant is not the owner in fee simple of the proposed Commercial Establishment or Public Building, a properly executed power of attorney or other written evidence of the agency agreement between the applicant and owner.

Check only one permit below. Submit a separate application for each permit type.

- Building Permit
 Shell Building Permit
 Tenant Finish-Out Building Permit

(Building Permit shall include site plans or a Site Permit shall be submitted prior to a Building Permit)

- Site Permit (non-residential)
 Site Permit (residential)
 Preliminary Plat Review
 Automatic Fire-Extinguishing System Permit
 Fire Alarm and Detection System Permit
 Fire Pump Permit
 Fire Sprinkler System Permit
 Fire Standpipe System
 Private Water Supply Permit
 Underground Fire Line Permit
 Change in Ownership Review
 Tent Permit
 Fireworks Permit
 Mass Gathering Permit
 Hazardous Materials Permit
 Carnival / Festival Permit
 Removal of Underground Storage Tank Permit
 Above & Below Ground Storage Tank Installation Permit
 Other _____ Permit

I, _____, hereby file this application for a fire code permit and if the permit herein applied for is granted, acknowledge myself to be bound to Commissioners' Court of Travis County, Texas to see to it that all provisions of the permit are faithfully performed. Authorization is hereby given to the Travis County Fire Marshal's Office to enter upon the above-described property for the purpose of inspections of proposed construction. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and believe that the submitted information is true, accurate and complete.

Date: ____/____/____

Signature of Applicant or Attorney

Printed Name

OFFICIAL USE ONLY

TCFMO Permit Number: _____ **Occupancy ID:** _____ **ESD:** _____