



EULESS FIRE DEPARTMENT PERMIT APPLICATION

Fire Chief Wes Rhodes

Fire Marshal Paul Smith

201 N. ECTOR DR. BUILDING "D"
EULESS, TX 76039

FIRE ADMINISTRATION
(817) 685-1600

- Fire Sprinkler Systems
- Fire Alarm
- Vent-A-Hood
- Gates/ Emergency Gate Code _____
- Kitchen/Chemical Fire Suppression Systems
- Annual
- Other _____

DESCRIPTION OF WORK (CONSTRUCTION): _____

TYPE OF PERMIT(S): _____

APPLICANT TO COMPLETE ALL REQUESTED INFORMATION
PLEASE TYPE OR PRINT

DATE: _____

NAME OF BUSINESS: _____

JOB ADDRESS: _____

Street Suite City State Zip Code

BUSINESS PHONE NUMBER: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

NAME OF APPLICANT: _____ 24 HR. EMER. PH. NO. (____) _____ - _____

DATE OF BIRTH _____ DL#/TAX ID #: _____ STATE: _____

CONTRACTOR (if applicable): _____

ADDRESS: _____

Street City State Zip Code

PHONE NUMBER: (____) _____ - _____ FAX NUMBER: (____) _____ - _____

For Construction Permits: List value of the job covered by the permit(s): _____

CONSTRUCTION FEE WORKSHEET:	Fee from building schedule {Permit Fee}	\$ _____
	Plan review fee {65% }	\$ _____
SPRINKLER BYPASS METER	{ \$235 x # of meters _____ }	\$ _____
	Total Fee	\$ _____

I HEREBY CERTIFY THAT THE FOREGOING IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT ALL WORK, PROCESSES AND CONDITIONS GOVERNED BY THIS PERMIT APPLICATION WILL BE DONE IN COMPLIANCE WITH THE CITY OF EULESS CODE OF ORDINANCES, STATE RULES AND REGULATIONS, APPLICABLE CODES AND STANDARDS AND POLICY STANDARDS SET FORTH BY THE EULESS FIRE DEPARTMENT WHETHER HEREIN SPECIFIED OR NOT.

THE ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE OR APPROVE ANY CONDITION THAT IS A VIOLATION OF ANY LAW, RULE, REGULATION OR APPLICABLE STANDARD IN EFFECT AT THE TIME OF PERMIT ISSUANCE.

I AM THE OWNER OF THE ABOVE PROPERTY OR HIS DULY AUTHORIZED AGENT ACTING ON HIS BEHALF. PERMISSION IS HEREBY GRANTED FOR A MEMBER OF THE EULESS FIRE PREVENTION BUREAU TO ENTER AND MAKE ALL INSPECTIONS NECESSARY RELATING TO THIS PERMIT OR LICENSE AND I UNDERSTAND THAT THIS PERMIT MAY BE REVOKED AT ANY TIME FOR NON-COMPLIANCE.

APPLICANT'S SIGNATURE _____ PRINT NAME _____

OFFICE USE ONLY

CODE NO. _____

DATE PAID: _____ FLOW TEST \$ _____ DATE _____ TIME _____

RECEIPT NUMBER: _____ AFTER HOURS INSPECTION \$ _____

BY: _____ DATE _____ TIME _____

PERMIT NUMBER: _____ TOTAL PERMIT FEE AMOUNT DUE \$ _____

PAID BY: CASH CHECK MONEY ORDER CREDIT CARD

AUTHORIZED ISSUING PARTY _____

NAME TITLE DATE