

<b>BURNET COUNTY EMERGENCY SERVICE DISTRICT 9</b>		Original Date:		
		Dates Revised:		
<b>FIRE CODE PERMIT APPLICATION</b>				
Construction Permits		Installation Permits		Special Permits
Site Plan Review <input type="checkbox"/> Building Plan Review <input type="checkbox"/> Water Supply Review <input type="checkbox"/>		Fire Alarm <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Fire Pump <input type="checkbox"/> Fixed Suppression <input type="checkbox"/>		Fireworks <input type="checkbox"/> Bonfires <input type="checkbox"/> Mass Gatherings <input type="checkbox"/> Other <input type="checkbox"/>
Project Name				
Project Address				
Project Description:				
<b>Applicant:</b>				
Name:		Phone:		Email:
Address:		City:		State: Zip Code:
<b>Building / Property Owner</b>				
Name:		Phone:		Email:
Address:		City:		State: Zip Code:
<b>Business Owner</b>				
Name:		Phone:		Email:
Address:		City:		State: Zip Code:
<b>Business name (Tenant)</b>				
Name:		Phone:		Email:
Address:		City:		State: Zip Code:

I hereby certify that I have examined the paperwork submitted and am familiar with the information therein. I certify that the submitted paperwork is true, accurate, and complete to the best of my knowledge and that any work authorized based on this paperwork will be completed in compliance with the information set forth herein and in compliance with all codes and ordinances adopted by the Burnet County Emergency Service District 9.

I understand that this is an application ONLY and does not authorize or condone the use, work, operation, or other action or activity applied for until such is specifically approved in writing.

Applicant Name: \_\_\_\_\_  
By placing my initial, I acknowledge the above.

Date: