



MINERAL WELLS FIRE DEPARTMENT

212 SOUTH OAK AVE., MINERAL WELLS, TX 76067

Office: 940-328-7791 Fax: 940-328-7731

FIRE MARSHAL'S PERMIT APPLICATION

PERMIT No. PA - - 20

Project Address:			
Business/Complex Name:			
Property Owner Information - Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Contractor or Company:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
Job Site Contact Name:			Phone:
APPLICANT/CONTRACTOR MUST HAVE CURRENT CONTRACTOR REGISTRATION WITH MINERAL WELLS FIRE DEPARTMENT			
Type of work to be done:			

MAIL OR DELIVER TO: OFFICE OF THE FIRE MARSHAL, 212 SOUTH OAK ., MINERAL WELLS, TX 76067 · 940-328-7791

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/company must abide by all of the rules and ordinances of the City of Mineral Wells, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by the City of Mineral Wells. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other departments and entities.

Applicant Signature: _____ Date: _____

Check type of permit requested:

New **Modification**

- | | | |
|--|--|---|
| <input type="checkbox"/> Fire Alarm System | <input type="checkbox"/> Stand pipe System | <input type="checkbox"/> Compressed Gases/C02 |
| <input type="checkbox"/> Fire Sprinkler System | <input type="checkbox"/> Gate Installation | <input type="checkbox"/> Flam./Comb. Liquid |
| <input type="checkbox"/> Fire Suppression System | <input type="checkbox"/> Temporary Tent Permit | <input type="checkbox"/> LPG |
| <input type="checkbox"/> Sprinkler Underground | <input type="checkbox"/> Pyrotechnic Display | <input type="checkbox"/> Other |

-----Do not write below this line-----

___ Permit Issued Fee: _____ Date Paid: _____ Receipt No.: _____

___ Denied Permit No.: **PA - -** Check No. : _____

___ Permit issued w/ conditions listed: _____

By: _____ Date: _____

PERMIT MUST BE READILY AVAILABLE FOR INSPECTION ON THE JOB SITE