



FLOWER MOUND FIRE DEPARTMENT
3838 FORUMS DRIVE
FLOWER MOUND, TEXAS 75028
972-874-6270



Permit Application
Installation and Alterations of Fire Alarm Systems

Print or Type

JOB ADDRESS: _____

BUSINESS OR PROJECT NAME _____

CONTRACTOR OR COMPANY NAME _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

BUSINESS PHONE # (____) _____ FAX # (____) _____ COMPANY STATE LICENSE # _____

NAME OF RESPONSIBLE PERSON TO PERMIT _____

DESCRIPTION OF WORK TO BE DONE _____

IS YOUR COMPANY CURRENTLY REGISTERED WITH THE CITY? YES ___ NO ___

FIRE ALARM SYSTEMS
PERMIT CODE #600.0002

NOTE: VALUE OF WORK TO INCLUDE TOTAL CONTRACT COST OF MATERIALS AND LABOR.

VALUE OF WORK \$ _____

PERMIT FEE FROM FIRE SCHEDULE \$ _____

50% DUE AT PLAN SUBMITTAL (OR ENTIRE AMOUNT) \$ _____

50% DUE WHEN PERMIT IS PICKED UP \$ _____

CONTRACTOR TO SUBMIT MINIMUM OF THREE SETS OF PLANS AND SPECIFICATIONS FOR REVIEW. PLANS TO BE FOLDED

I HEREBY CERTIFY THAT THE PLANS SUBMITTED ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT SAID WORK WILL BE DONE IN COMPLIANCE WITH THE INFORMATION HEREIN SET FORTH AND IN COMPLIANCE WITH THE TOWN OF FLOWER MOUND CODE OF ORDINANCES, STATE RULES AND REGULATIONS AND POLICY STANDARDS AS SET FORTH BY THE FIRE MARSHAL.

SIGNED:

_____ **CONTRACTOR** _____ **TEXAS DL#** _____ **STATE** _____ **PRINT NAME CLEARLY**

FOR OFFICE USE ONLY

Date Submitted: _____

Permit No: _____

Total Permit Fee Due \$ _____ **Paid By:** [] Cash [] Check [] Money Order **Date Paid:** _____

Received By: _____ **Receipt No:** _____