



# FLOWER MOUND FIRE DEPARTMENT

## FIRE MARSHAL'S OFFICE

3911 SOUTH BROADWAY AVENUE | FLOWER MOUND, TEXAS 75028  
PHONE (972) 874.6270 | [www.flower-mound.com](http://www.flower-mound.com)

### ALTERATION OF SMOKE CONTROL OR SMOKE EXHAUST SYSTEMS PERMIT CODE # 600.0073

JOB ADDRESS: \_\_\_\_\_ BUILDING PERMIT # \_\_\_\_\_

BUSINESS OR PROJECT NAME \_\_\_\_\_

CONTRACTOR OR COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE # (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

CELL PHONE # (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

COMPANY STATE LICENSE # \_\_\_\_\_ LICENSE EXPIRATION: \_\_\_\_\_

DESCRIPTION OF WORK TO BE DONE \_\_\_\_\_

**VALUE OF WORK:** (VALUE OF WORK TO INCLUDE TOTAL CONTRACT COST OF MATERIALS AND LABOR.) \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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

**CONTRACTOR SHALL SUBMIT A MINIMUM OF THREE SETS OF PLANS AND SPECIFICATIONS FOR REVIEW. PLANS TO BE FOLDED  
AN ELECTRONIC COPY IS REQUIRED PRIOR TO FINAL INSPECTION**

PERMIT APPLICATION FEE:	+ \$ <u>100.00</u>
NUMBER OF FANS x \$100:	+ \$ _____
PERMIT FEE FROM VALUATION CHART:	+ \$ _____
TOTAL PERMIT FEE:	= \$ _____

#### **FOR OFFICE USE ONLY**

Date Submitted: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Total Permit Fee Due \$ \_\_\_\_\_

Paid By: [ ] Cash [ ] Check/M.O. # \_\_\_\_\_ [ ] Credit Card \_\_\_\_\_

Received By: \_\_\_\_\_ Receipt No: \_\_\_\_\_