



# 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 SPECIAL EVENT STRUCTURES

PERMIT CODE # 600.0075

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 \_\_\_\_\_

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**

<b>ALTERATION – SPECIAL EVENT STRUCTURES PERMIT FEE:</b>	<b>\$100.00</b>
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### FOR OFFICE USE ONLY

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

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

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