



FLOWER MOUND FIRE DEPARTMENT

FIRE MARSHAL'S OFFICE

3911 SOUTH BROADWAY AVENUE | FLOWER MOUND, TEXAS 75028

PHONE (972) 874.6270 | www.flower-mound.com

INSTALLATION OF FIREFIGHTER AIR REPLENISHMENT SYSTEMS

PERMIT CODE # 600.0010

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>
PERMIT FEE FROM VALUATION CHART:	+ \$ _____
THE NUMBER OF FD MOBILE AIR CONNECTIONS: _____ x \$100.00	+ \$ _____
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: _____