



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 COMPRESSED GASES PERMIT CODE #600.0037

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

PERMIT APPLICATION FEE:	+ \$ <u>100.00</u>
COMPRESSED GASSES PERMIT FEE:	+ \$ <u>100.00</u>
AMOUNT DUE:	= \$ <u>200.00</u>

FOR OFFICE USE ONLY

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

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

Received By: _____ Receipt No: _____