



EXPRESS FIRE CODE APPLICATION

10555 Northwest Freeway - Suite 100 - Houston, TX 77092

Main Phone: 713-956-3000

Monday-Friday 7:30am - 4:00pm

EMAIL OR FACSIMILE COPIES WILL NOT BE ACCEPTED

ALL FIELDS REQUIRED

P R O J E C T I N F O	Name/DBA: _____ <small>(PERMIT WILL BEAR THIS NAME)</small>	Shell Permit# _____										
	Address: _____ Ste _____	HC PROJECT# _____										
	City, St: _____ Zip _____	GROSS SQ. FT _____	Key Map# _____									
	HCAD# <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> www.HCAD.org											Est. Constr. Cost (Min. \$100) \$ _____
TDLR APP# _____ <small>(Only required over \$50,000 construction cost)</small>	Architect/Engineer Sealed Drawings? <input type="checkbox"/> Y <input type="checkbox"/> N											

C O N T A C T	Name: _____ E-Mail: _____
	Address: _____ City, St: _____ Zip: _____
	Phone #: _____ Phone #: _____

B U S I N E S S	Owner Name: _____ E-Mail: _____
	Address: _____ City, St: _____ Zip: _____
	Phone #: _____ Phone #: _____

L E A S E S P A C E I N F O	Circle Y for Yes or N for No, on the following:		Circle Y for Yes or N for No, on the following:		Number of Stories/Floors _____	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Occupancy Change	<input type="checkbox"/> Y <input type="checkbox"/> N	Addition (Existing Tenant/Occupant)	Trim _____ <small>(crown molding, chair rail, baseboard, door, window trim)</small>	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Site Plan Submitted	<input type="checkbox"/> Y <input type="checkbox"/> N	Alterations (Existing Tenant/Occupant)	Floor Finish _____	
	<input type="checkbox"/> Y <input type="checkbox"/> N	State Licensed Facility	<input type="checkbox"/> Y <input type="checkbox"/> N	New Tenant/Occupant	Ceiling Finish _____	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Floor Plan Submitted	<input type="checkbox"/> Y <input type="checkbox"/> N	On Site Septic System?	Walls Finish _____	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Electronic Locks	(If YES, show septic system on Site Plan) (If YES, answer the following Questions)		Portable fire extinguishers (required) - Number provided _____	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Lock Indicator			Type of Wall Framing (Wood or Steel) _____ <small>(for newly constructed walls - Bldgs AFTER January 1st, 2005)</small>	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Panic Hardware	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you Adding any plumbing fixtures (toilets, sinks, urinals)	Height of Shelves or Racks in Storage: _____ FT	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Automatic Fire Sprinklers <small>(Monitored with occupancy notification)</small>	<input type="checkbox"/> Y <input type="checkbox"/> N	Are you Adding any staff (for additions & alterations ONLY)	Kitchen Vent Hood & Exhaust Duct Type (I or II) _____	
	<input type="checkbox"/> Y <input type="checkbox"/> N	Fire Alarm System				
	<input type="checkbox"/> Y <input type="checkbox"/> N	Fixed Smoke Detection System				
	<input type="checkbox"/> Y <input type="checkbox"/> N	Kitchen Hood Suppression System: <small>UL300 Compliant</small>				
	<input type="checkbox"/> Y <input type="checkbox"/> N	Med Gas in Facility? (Dental Offices)	Types of adjacent businesses (note businesses on both sides of your suite: Nail Salon, Coffee Shop, Office, Dentist, Retail Store, etc.) _____ < On the Left			
<input type="checkbox"/> Y <input type="checkbox"/> N	Harris County Health Department Stamp	On the Right > _____				
Describe Use of Your Space:						

The permit applicant understands and agrees the County Engineer may make scheduled or unscheduled inspections of the property upon the issuance of the permit. The applicant is aware that pursuant to Chapter 352 of the Texas Local Government Code, the County Fire Marshal may, in the interest of safety and fire prevention, inspect certain structures for fire hazards. If the permit applicant is a corporation, partnership or other legal entity other than a natural person, then the undersigned acting as the authorized representative of said entity will be responsible for ensuring the entity's compliance with all provisions. The undersigned has carefully reviewed this application and the answers to all questions. To the best of my knowledge, the answers are all true and correct. By signing below I am stating that the work to be done under this permit qualifies for express review. I am aware it is a violation of Harris County Fire Code to occupy, or otherwise conduct business in this project, without a Certificate of Compliance issued by the Harris County Fire Marshal. I will request inspection when the project is completed, by completing a Request for Final Inspection form. I will make available, to the inspector: my permit, a copy of plans approved by the County, and this document. I understand that if my building has a sprinkler system, it is my responsibility to extend sprinkler coverage and alarm notification coverage to my space.

Print Name Above (APPLICANT)	Signature (APPLICANT)	Date

DO NOT WRITE BELOW THIS LINE - FOR HARRIS COUNTY FIRE CODE OFFICE USE ONLY

Receiving		Plan Reviewer	
Applicant#:		Plan Checker	
Request#:		Approved By:	
Property#:		Date:	
Clerk & Date		Violation#:	