CITY OF PORT ARTHUR
FIRE PROTECTION PERMIT
APPLICATION

DATE: _____

JOB ADDRESS		**USE OF BUILDING**	
OWNER	MAIL ADDRESS	ZIP	PHONE
CONTRACTOR	MAIL ADDRESS	ZIP	PHONE
CONTRACTOR LICENSE TYPE & NUMBER_____			

DESCRIBE WORK OR SYSTEM TO BE INSTALLED / MODIFIED

VALUATION OF WORK $

BUILDING DETAILS / HAZARDS PROTECTED

TOTAL SQ FT _____ **NO OF STORIES ABOVE GRADE** _____ **NO OF STORIES BELOW GRADE**_____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMPLETED WITHIN SIX (6) MONTHS OF DATE ISSUED.

I HEREBY ATTEST THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HERIN OR NOT. THE GRANTING OF A PEMRIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OF LOCAL LAW REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR RESPONSIBLE:

FOR OFFICE USE ONLY

_____	Permit Fee	$35
_____	Fire alarm system plan check	$100
_____	Automatic extinguishing system plan check	$200
_____	Kitchen vent hood extinguishing sytem plan check	$75
_____	Other plan checks	$50
	Total fee due	$_____ Account # 001-0000-322-82-00

Authorizing signature _____ Date issued _____

THIS IS YOUR PERMIT WHEN PROPERLY VALIDATED IN THIS SPACE PERMIT NO: