

**PORT ARTHUR FIRE DEPARTMENT
FIRE PROTECTION SYSTEM
PERMIT APPLICATION**

DATE: _____

PERMIT # _____

LOCATION ADDRESS	USE OF BUILDING		
OWNER	MAIL ADDRESS	ZIP	PHONE
CONTRACTOR	MAIL ADDRESS	ZIP	PHONE
CONTRACTOR LICENSE TYPE & NUMBER _____			

DESCRIBE WORK OR ACTIVITY TO BE PERMITTED	VALUATION OF WORK \$
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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 OR AS SPECIFIED IN PERMIT.

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 WILL BE COMPLIED WITH WHETHER SPECIFIED HERIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW.

SIGNATURE OF RESPONSIBLE PARTY: _____

FOR OFFICE USE ONLY		
_____ Permit Fee	\$35	
_____ Fire Alarm / Detection System Plan Check	\$100	
_____ Automatic Extinguishing System Plan Check	\$200	
_____ Hood Extinguishing System Plan Check	\$75	
_____ Other Plan Check / Site Inspection	\$50	
Total fee due	\$	<u>Account # 001-0000-343-04-00</u>
Authorizing signature		Date issued

REMIT PAYMENT TO CITY CASHIER:
City Hall Annex
444 4th St., Port Arhtur, TX 77640
Phone: 409-983-8232