

AMARILLO FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

821 S. Johnson Amarillo TX 79101-1354

806-378-4238





Permit application(s) should be submitted to The City of Amarillo Fire Marshal's Office 821 S. Johnson Amarillo, TX 79101	Permit Application #:				
To avoid any delay in the permit processing, placed information must be included before the	ease fill out the application form completely prior to submittal. All he application will be approved.				
Please type or print: Name of Applicant:	Position/Title:				
Company Name:					
Type of Business:					
Street Address: No. Street Name	City State Zip				
Phone: (ext	:Fax: ()				
Applicable State License or Registration No	umber:				
License Type: Texas	License / Registration Number:				
Location of Operation, Process or Occupan	cy:				
No. Street Name	City State Zip				
Name of Business:					

Project Information

Estimated Start Date of Construction//	Square Footage:		
Estimated Cost of Construction:			
□Plan Review for Construction Permit			
PLUS			
□Automatic Fire Extinguishing System	# of risers	# of heads	
□Fire Alarm and Detection System	# of panels	# of devices	
□Fire Pumps and Related Equipment	# of pumps	_	
□Private Fire Hydrants / Fire Main	# of hydrants		
□Vent hood	# of hoods	_	
□Standpipe System			
□Underground			
□Clean Agent Suppression System			
□Paint Booth			
$\blacksquare Emergency\ Responder\ Radio\ Coverage\ Sy$	estem (ERCES, BDA,	DAS)	
Total square footage coverage			
Is this a resubmittal? Yes□ No□			
Supply with this application: A minimum of three (3) sets of construction ar specifications. The City of Amarillo Fire Preve submittal is acceptable.			
I,, hereby applied for is granted, acknowledge myself to of the permit are faithfully performed. Authorenter the above-described property for the pupenalty of law that I have personally examin attached documents and believe that the substitute of the puperson o	orization is hereby giv urpose of inspections o ed and am familiar wi	en to the City of Amarillo of proposed construction. I th the information submitt	Fire Marshal's Office to certify that under ed in this and all
Date: / /	Signature of Applic	ant:	
	Printed Name:		

*********OFFICIAL USE ONLY*******

Date Received:/ / Time: (AM/PM) By:					
Fee Amount: \$	Amount Paid: \$	Check # _	Receipt #		
Reviewed By:	Approved By: _		Permit Date://		
Permit Number:					