

## AMARILLO FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

## 821 S. Johnson Amarillo TX 79101-1354







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## **Permit application(s) should be submitted to:**

The City of Amarillo Fire Marshal's Office

821 S Johnson St.

Amarillo, TX 79101

To avoid any delay in the permit processing, please fill out the application form completely prior to submittal. All required information and permit fees must be included before the application will be approved.

Please type or print:						
Business Name (I	OBA or o	ther names used):_				
Business Location	n:					
	No.	Street Name	City		State	Zip code
Business Telephor	ne:		_ Business F	ax:		
Business E-Mail A	Address:		Business W	ebsite:		<del></del>
Does applicant ow	vn the bui	ilding/property? (c	circle one)	Yes N	o N/A	
Proposed Start Da	ite:					
Manager or pers	on princ	ipally in charge o	of operation o	r business	1	
Name & Title:						
Address:						
No.			City		State	Zip code
Phone:		Cell Phone: _		1	Fax:	
E-mail:		Applica	able License:			
				Type	TX License/Re	egistration Number

Building/Property O	wner Information			
Name:		_		
Address:	Street Name			
			State	Zip code
Phone:	Cell Phone:		Fax:	
E-Mail:				
Corporation Name:				
Address:	Street Name	City	State	Zip code
		·		-
Phone:	Fax:	F	E-Mail:	
□ Amusement Build	ling	☐ Special I	Event (Host fee)	
☐ Carnival or Fair		☐ Special I	Event (Vendor fee)	
□ Explosives (inclu	des fireworks)	☐ Exhibits	and Trade Shows	
☐ Fire Hydrants and	d Valves	□ Open Fla	ame (on-site cooking	g)
☐ Flammable and C	ombustible Liquids	□ Places of	Assembly	
☐ Misc. Combustibl	e Storage	☐ Temp. M	Iembrane Structure	s, Tents, and
☐ Open Burning		Canopie	S	
☐ Open Flame and T	Forches	☐ Spraying	g or Dipping	
☐ Pyrotechnic Speci	al Effects	□ Other:_		
I,	, hereby	file this applicati	on for a fire code per	mit and if
Texas to see to it that	, hereby ied for is granted, acknow all provisions of the permity of Amarillo Fire Mars	nit are faithfully p	performed. Authoriza	ation is

for the purpose of inspections of proposed operations. I certify that under penalty of law that I

***************************************	Printed Name:	Oate://	Signatu	re of Applicant	::
***************************************	Date Received:// Time:(A.M. / P.M.) Received By:		Printed	Name:	

have personally examined and am familiar with the information submitted in this and all attached

documents and believe that the submitted information is true, accurate and complete.