



RICHLAND HILLS FIRE/RESCUE

3200 DIANA DRIVE, RICHLAND HILLS, TEXAS 76118
PHONE (817)616-3750 FAX (817)616-3802



Fire Chief/Fire Marshal: C. Russell Shelley

817-616-3750 Fire Administration

Fire Permit Application

Date: _____

_____ Sprinkler System _____ Fire Alarm _____ Underground _____ Other

Job Address _____

Business/Organization/Owner's Information

Name _____ Phone _____

Address _____

Contractor's Information

Name _____ Phone _____

Address _____

Describe work being performed

I hereby certify that the foregoing is complete and correct to the best of my knowledge and that all work, processes and conditions governed by this permit application will be done in compliance with the city of Richland Hills code of ordinances, state rules and regulations, applicable codes and standards and policy standards set forth by the Richland Hills Fire Department whether herein specified or not.

The issuance of this permit does not authorize or approve any condition that is a violation of any law, rule, regulation or applicable standard in effect at the time of permit issuance.

I am the owner of the above property or his duly authorized agent acting on his behalf. Permission is hereby granted for a member of the Richland Hills Fire Prevention Bureau to enter and make all inspections necessary relating to this permit or license and I understand that this permit may be revoked at any time for non-compliance.

Applicant's Signature

Print Name

For Construction Permits: List value of the job covered by the permit(s) \$ _____

Construction Fee Worksheet: Fee from building schedule {permit fee}	\$ _____
Plan review fee {65%}	\$ _____
Contractor registration fee {excluding fire alarm}	\$ _____
Sprinkler bypass meter {\$235 x # of meters _____}	\$ _____
Total fee	\$ _____

Office Use Only

Code No. _____

Date Paid: _____

Receipt No. _____

By: _____

Permit No. _____

Flow Test \$ _____

Date _____ Time _____

After hours inspection \$ _____

Date _____ Time _____

Total permit fee amount due: \$ _____

Paid by: Cash _____ Check No. _____ Credit Card _____

Authorized Issuing Party _____
Name Title Date