



# Richland Hills Fire Department

3220 Rufe Snow Drive | Richland Hills, TX, 76118

817-616-3750 | richlandhills.com

## Fire Permit Application

Date: \_\_\_\_\_

- Sprinkler System       Fire Alarm       Underground       Other

Job Address: \_\_\_\_\_

### Business/Organization/Owner's Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Contractor's Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Describe work being performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit electronic copies of plans to Fire Marshal Shelby Brock at [sbrock@richlandhills.com](mailto:sbrock@richlandhills.com)**

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: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

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** \$ \_\_\_\_\_

For Office Use Only		
Code Number: _____		
Date Paid: _____		
Receipt Number: _____		
By: _____		
Permit Number: _____		
Flow Test \$ _____	Date: _____	Time: _____
After-hours inspection \$ _____	Date: _____	Time: _____
Total permit fee amount due: \$ _____		
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check Number _____ <input type="checkbox"/> Credit Card		
Authorize Issuing Party: _____		
Name	Title	Date