

# CITY OF HOUSTON, FIRE DEPARTMENT

Mail or bring this original. Payment may be made by check or money order payable to the City of Houston. We also accept credit cards or cash.

Permit Fees:	New	\$75.00
	Renewal	\$50.00
Administrative Fee	Per permit	\$25.00

P. O. Box 3625, Houston, Texas 77253 or 1205 Dart Street, Suite #113, Houston, Texas 77007  
 Tel. 713-247-8557, fax 713-247-8560

Permit # \_\_\_\_\_

## FIRE ALARM PERMIT APPLICATION

Application Type: (please circle one) **New** **Renewal** (Must be not less than 10 business day before expiration date)

Applicant's Name: \_\_\_\_\_  
 (type or print) (Last, First, Mi)

Applicant's Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 (area code) (phone number) (area code) (work number)

Applicant's Driver's Lic. No.: \_\_\_\_\_ State \_\_\_\_\_ SSN# \_\_\_\_\_

Address of Alarm: \_\_\_\_\_  
 (street address and apartment or suite no.)  
 \_\_\_\_\_  
 (city, state, and zip code)

Business Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_

Federal Tax Number: # \_\_\_\_\_ State Sales Tax No. # \_\_\_\_\_ Corporate Charter No. # \_\_\_\_\_

Owner Name(if other than applicant): \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
 (city, state, and zip code)

Mailing Address (if different): \_\_\_\_\_  
 (city, state, and zip code)

Type of Alarm Site: \_\_\_\_\_ Residence \_\_\_\_\_ Non-Residence/business \_\_\_\_\_ Government Office

Installation of Alarm Date: \_\_\_\_\_ Number of actuating devices: \_\_\_\_\_

Alarm Group Type: \_\_\_\_\_ 0-10 actuating devices \_\_\_\_\_ 11-100 actuating devices \_\_\_\_\_ 101 or more actuating devices  
 check applicable Group A Group B Group C

Alarm Company: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Please list two (2) individuals or alarm/security company that has agreed to respond and grant access to the alarm site within one (1) hour.

Name of Contact #1: \_\_\_\_\_ Local Phone No. \_\_\_\_\_  
 (or name and phone no. of alarm/security company) area code and number

Name of Contact #2: \_\_\_\_\_ Local Phone No. \_\_\_\_\_  
 area code and number

X  \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Applicant or Authorized Agent

The Applicant or Authorized Agent affirms that all the information contained herein is true and correct to the best of his/her knowledge. This application may be denied for false statements and/or non payment of all fees owed to the City of Houston. The permit may be revoked for disciplinary reasons and/or non payment of fees owed to the City in accordance with "City of Houston Code of Ordinances Chapter 11 Article II".

If the fire department receives notice of any fire alarm from an alarm system that does not have a valid permit, then each person in control shall be jointly and severally liable to the city for a fee of \$300 for each fire department response to false fire alarms.

*PERMITS ARE VALID ONE (1) YEAR FROM ISSUE DATE AND MUST BE RENEWED TEN (10) DAYS BEFORE EXPIRATION.*

### FOR DEPARTMENT USE ONLY

Customer Number: _____	Permit Number: _____	Base Permit Fee: \$ _____
Cash: _____	Check: # _____	Credit Card: # _____
Receipt # _____	Please circle one: Amer.Exp. ,Discover, MC/Visa	Processing Fee: 25.00
Employee # _____	Date: _____	Expiration Date _____
		Total: \$ _____