



Fire Permit Application

Wichita Falls Fire Department | 1005 Bluff Street | Fire: (940) 761-7901 | Fax: (940) 761-7900

Date: _____

SITE ADDRESS: _____

Tenant/Building Name: _____

Applicant Information

Owner _____ Contractor _____ Designer/Architect _____ Tenant _____

CONTRACTOR OR DESIGNER/ARCHITECT

Company: _____ Phone: _____

Contact Person (print): _____ Phone: _____

Contractor/Licensed Electrician Registration/License #: _____ Expiration Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

PROPERTY OWNER

Name/Company: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Fire Permit Type

- | | |
|--|---|
| <input type="checkbox"/> Fire Suppression/Sprinkler System | <input type="checkbox"/> Fire Alarm System |
| <input type="checkbox"/> Flammable/Combustible Liquid Storage Tank | <input type="checkbox"/> Fuel Dispensing System |
| <input type="checkbox"/> Tent/Canopy | <input type="checkbox"/> Open Burning |
| <input type="checkbox"/> Fireworks/Explosives | |

Work Type (If Applicable)

- | | | |
|---|------------------------------------|---------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Tank Removal | <input type="checkbox"/> Temporary | |

Building Use (Occupancy)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Hazardous | <input type="checkbox"/> Institutional |
| <input type="checkbox"/> Tent/Canopy | <input type="checkbox"/> Residential | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Miscellaneous | | |

Description of Project and Estimated Value of Work: _____

Tank Information (if applicable)

Contents: _____

Capacity: _____ Number of tanks: _____

Above-Ground Storage Tank Under-Ground Storage Tank

Notes to Applicant

- This permit shall be null and void if authorized work is not started within 180 days after a permit has been issued, or if work is suspended/abandoned for 180 days or more after work has started.
- Comply with City Code prohibitions and limitations of construction on city or public utilities easements.
- Plan review normally requires a minimum of 10 working days from receipt of the **COMPLETE** application **AND** required information. You will be contacted once our review is complete. Upon receipt of the payment (if any), the permit will be issued.
- **PLEASE ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE**

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Wichita Falls to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Wichita Falls and the State of Texas.

Applicant's Signature

Date

Permit Review Submittal Checklist

- ___ Completed application
- ___ Copy of contractor registration or license, as applicable
- ___ Plans submitted on e-PlanCheck or emailed to firemarshal@wichitafallstx.gov
- ___ One (1) set of hydraulic calculations or battery calculations, if applicable
- ___ Product specification sheets for all materials used on the project
- ___ A PDF copy of all documents emailed to FIREMARSHAL@WICHITAFALLSTX.GOV

CITY OF WICHITA FALLS USE – PERMIT APPROVED BY:

Permit Restrictions:

Fire Department Date

Building Division Date

Planning Division Date

Permit Fee: \$ _____ Plan Review Fee: \$ _____ Surcharge: \$ _____ Total: \$ _____

REQUIRED INSPECTIONS

- | | | | |
|---|---|--|-------------------------------|
| <input type="checkbox"/> Fire Final | <input type="checkbox"/> Rough-In | <input type="checkbox"/> Trip Test | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Alarm Final | <input type="checkbox"/> Hydro (200psi/2hr) | <input type="checkbox"/> 24hr Battery Test | <input type="checkbox"/> Tank |
| <input type="checkbox"/> Sprinkler/Fire Suppression Final | <input type="checkbox"/> Air Test (40psi/2hr) | | |
| | <input type="checkbox"/> Pump Test | | |

Permit #: _____

Issued by: _____

Date: _____