



Fire Permit Application

700 W. Chestnut
Denison, TX 75020

(903) 464-4427 • Fax (903) 465-3806

Job Address	Building Owner
Contractor	Contractor Address
Phone #	Contact Person
Emergency Contact Person and Phone Number:	
Responsible Managing Employee:	
Responsible Employee State License Number:	

Type of work:
 New
 Addition
 Alteration
 Repair
 Demolition
 Tent
 Underground Fire Line
 Fire Sprinkler
 Fire Alarm
 Hood System
 Fuel Tank Install/Remove
 Access/Egress Control

Other: _____

Description of Work Being Performed:

Type and number of System(s):

Specific location of System(s):

Number of Alarm Panels:	Devices:	Pumps:	Bottles:	Heads:	Nozzles:
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Other: _____

Value of Project: _____

NOTICE:

I hereby certify that I have read and examined this application and know the above to be true and correct. All laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Signature of Applicant: _____

Print Name: _____

***** BELOW FOR OFFICE USE ONLY *****

Fire Marshal Approval: _____

Date: _____

Permit #	Date Issued:	Fee:
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City of Denison Contractor Registration Application

Date: _____

Registration Fee: \$50 (* indicates No Charge)

Contractor Type:			Registration Type:	
<input type="checkbox"/> General	<input type="checkbox"/> Pool	<input type="checkbox"/> Irrigation	<i>(Circle One)</i>	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Concrete	<input type="checkbox"/> Backflow	New	Renewal
<input type="checkbox"/> Electrical*	<input type="checkbox"/> Fence	<input type="checkbox"/> Fire Alarm*		
<input type="checkbox"/> Plumbing*	<input type="checkbox"/> Roofing	<input type="checkbox"/> Fire Sprinkler*		
<input type="checkbox"/> Propane*	<input type="checkbox"/> Utility	<input type="checkbox"/> Sign		
<input type="checkbox"/> Architect				

Contractor Information

If a license holder exists, you must use that person's information. License holder is the person who holds the State License. This person will be held responsible for seeing that all work being performed follows the State codes, City codes, and ordinances

Company Name: _____

Owner/License Holder Name: _____

Address: _____ City/State/Zip _____

Office Number: _____ Fax: _____ Cell: _____

Email: _____

Personnel authorized to obtain a permit under this registration: (use company letterhead for additional names)

Name: _____	Phone: _____	Name: _____	Phone: _____
Name: _____	Phone: _____	Name: _____	Phone: _____

COLOR COPIES OF CONTRACTOR'S DRIVERS LICENSE AND TRADE LICENSE ARE REQUIRED

Signature of Applicant

Printed Name of Applicant

FILL OUT BELOW ONLY IF DONE OUTSIDE OF THE BUILDING OFFICE

This form must be notarized if you are registering online, by mail, or any other person is registering for you. Registration is valid for one year from the start of your registration. Renewal notices will be emailed only if an email address is provided. No other Notices will be sent

THE STATE OF TEXAS

COUNTY OF _____ §
BEFORE ME, the undersigned authority, on this day personally appeared

_____ known to me to be the person whose name is subscribed to the foregoing instrument and, being by me the first duly sworn, upon oath declared that the statements and capacity acted in are true and correct.

Signature of Registrant _____ Title _____

Subscribed and sworn to before me, this _____ day of _____, 20__ A.D., to certify which witness my hand and seal of office.

Notary Public - Signature