



**Dallas County  
Fire Marshal's Office  
509 Main Street, Suite 310 Dallas Texas 75202  
Main: 214.653.7970 Fax: 214.653.6372**



**SELECT TYPE OF PERMIT OR WORK AUTHORIZATION REQUESTED**

<input type="checkbox"/> Residential Building Voluntary – Not required by law ( <b>Complete all Sections</b> )	<input type="checkbox"/> Electrical Work Authorization ( <b>Skip Sections B &amp; D</b> )
<input type="checkbox"/> Commercial or Public Access Building ( <b>Complete all Sections</b> )	<input type="checkbox"/> HVAC Work Authorization ( <b>Skip Sections B &amp; D</b> )
<input type="checkbox"/> Modular or Mobile Building Installation ( <b>Complete all Sections</b> )	<input type="checkbox"/> Plumbing Work Authorization (gas only) ( <b>Skip Sections B &amp; D</b> )
<input type="checkbox"/> Temporary (<1 yr.) Membrane/tent (<90 days) ( <b>Complete all Sections</b> )	
<input type="checkbox"/> Vent/Hood Suppression System ( <b>Skip Sections B &amp; D</b> )	<input type="checkbox"/> Fuel Tank Removal (Above or Below Ground) ( <b>Skip Sections B &amp; D</b> )
<input type="checkbox"/> Fire Sprinkler System ( <b>Skip Section B</b> )	<input type="checkbox"/> Fuel Tank Installation (Above or Below Ground) ( <b>Skip Sections B &amp; D</b> )
<input type="checkbox"/> Fire Alarm System/Sprinkler Monitoring ( <b>Skip Sections B &amp; D</b> )	<input type="checkbox"/> Fuel System Line Installation ( <b>Skip Sections B &amp; D</b> )
<input type="checkbox"/> Alternative Fire Suppression System ( <b>Skip Sections B &amp; D</b> )	
<input type="checkbox"/> Smoke Control System ( <b>Skip Section B &amp; D</b> )	<input type="checkbox"/> Knox Box Authorization ( <b>Skip Section B &amp; D</b> )
<input type="checkbox"/> Underground System – sprinkler/hydrants ( <b>Skip Sections B &amp; D</b> )	
<input type="checkbox"/> Paint/Spray Booth Protection System ( <b>Skip Sections B &amp; D</b> )	<input type="checkbox"/> Electric Gate SOS Install Authorization ( <b>Skip Sections B &amp; D</b> )

**SECTION A: PROJECT INFORMATION**

Name of Building Project	Address of Project	City	Zip Code
Name of Building Owner/Company	Owner's Business Address	City	State
Phone # of Business Owner/Company	Fax # of Business Owner/Company	e-mail Address of Business Owner	Business Zip

Project Value \$ (Total cost of building project)

TWO COMPLETE COPIES OF LICENSED ARCHITECT, ENGINEER, OR DESIGN PROFESSIONAL PRODUCED PLANS AND SPECIFICATIONS MUST BE ATTACHED TO THIS APPLICATION, ACCOMPANIED BY **NON-REFUNDABLE** PERMIT FEE AS REQUIRED BY THE FEE SCHEDULE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE "Dallas County Fire Marshal".

**SECTION B: FIRE PROTECTION SYSTEM INFORMATION**

System	Proposed	Required	System	Proposed	Required
Knox Box or Electric Operated Gate	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Control System	<input type="checkbox"/>	<input type="checkbox"/>
Vent/Hood Suppression	<input type="checkbox"/>	<input type="checkbox"/>	Underground Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>
Fire Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	Paint/Spray Booth	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm/Sprinkler Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C: BRIEFLY EXPLAIN THE USE OF THE BUILDING OR FACILITY BELOW**


**SECTION D: SPECIFY WATER SOURCE FOR FIRE PROTECTION SYSTEMS**

<input type="checkbox"/> Dallas Water System	<input type="checkbox"/> Water District Name
<input type="checkbox"/> Private Water Company	<input type="checkbox"/> Other



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<b>SECTION E: TYPE OF WORK OR AUTHORIZATION TO BE REVIEWED</b>	
<input type="checkbox"/> New Building complete with Interior Finish-out <input type="checkbox"/> New Building – Shell Structure Only <input type="checkbox"/> New Building – Foundation Only <input type="checkbox"/> Modular or Mobile Building Installation <input type="checkbox"/> Interior Finish-out (completion) of Shell Structure/Space <input type="checkbox"/> Interior Remodel/Refinish (Substantial Improvement) <input type="checkbox"/> Temporary Structure / Membrane Structure (tent) <input type="checkbox"/> Fire Protection System Installation	<input type="checkbox"/> Electrical Work Authorization (Attach Masters License) <input type="checkbox"/> HVAC Work Authorization (Attach Masters License) <input type="checkbox"/> Plumbing Work Authorization (Attach Masters License) <input type="checkbox"/> Electrically Operated Gate (SOS) Authorization <input type="checkbox"/> Knox Box Authorization <input type="checkbox"/> Fuel Tank Removal – Underground/Above Ground <input type="checkbox"/> Fuel Tank Installation – Underground/Above Ground <input type="checkbox"/> Fuel System Installation – Underground Lines

<b>SECTION F: ARCHITECT/ENGINEER/DESIGNER INFORMATION</b>			
Architect/Engineer/Designer Company	Architect/Engineer/Designer Address	Architect/Engineer/Designer City	Zip Code
Name of Person making application:	Phone #:	e-mail Address:	License #:

<b>SECTION G: CONTRACTOR / BUILDER INFORMATION</b>			
Contracting Company	Contracting Company Address	Contracting Company City/State	Zip Code
Name of Person making application:	Phone #:	e-mail Address:	License #:
Job Superintendent/Forman	Phone #	Cell Phone #	e-mail Address
Secondary Job Contact	Phone #	Cell Phone #	e-mail Address

I have read the completed application and know the same to be true and correct and hereby agree that if a permit and/or approved plans are issued, all provisions of the applicable County Fire Code will be complied with whether herein specified or not. I understand that if I do not check an item, which applies to the above address shown on page one of this application, I will be held responsible for additional fees and/or construction requirements as called for by the applicable County Fire Code.

**THE APPLICANT SHALL BE RESPONSIBLE FOR INFORMING ALL PARTIES INVOLVED, INCLUDING THE DESIGN PROFESSIONALS, OF ANY CODE NON-COMPLIANCE NOTED ON THE PLANS.**

**I UNDERSTAND THAT I MAY NOT PROCEED WITH ANY WORK DESCRIBED HEREIN UNTIL I RECEIVE APPROVED PLANS AND A PERMIT FROM THE DALLAS COUNTY FIRE MARSHAL'S OFFICE. I ALSO UNDERSTAND THAT IF A NOTICE OF VIOLATION HAS BEEN ISSUED FOR STARTING WORK WITHOUT FIRST OBTAINING AN APPROPRIATE PERMIT, THE APPLICATION FEES WILL BE INCREASED, POSSIBLY UP TO TWICE OF THE ORIGINAL PERMIT FEE, AS PROVIDED IN THE ADOPTED COUNTY FIRE CODE.**

**ALL FEES PAID TO THE FIRE MARSHAL'S OFFICE ARE NON-REFUNDABLE. Initial: \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Date**

**An appointment must be scheduled prior to plan review.** Completed application must be submitted and all permit fees must be paid before plan review will be conducted. Any questions may be directed to: Dallas County Fire Marshal 509 Main Street Dallas Texas 75202. Office: (214) 653-7970 Fax: (214) 653-6372 **Construction plans shall not exceed: 42" H x 54" W**



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**AUTHORIZATION TO ISSUE BUILDING PERMITS**

By law, a building permit must be issued or denied within 30 days of the date it is submitted for review. Due to other provisions of law, which could require the issuance of a building permit before other County review processes are completed, effective August 25, 2015, Dallas County Fire Marshal's Office will not receive and/or review building construction documents or issue a building permit until authorization has been received by Dallas County Public Works.

**This document must be reviewed/approved by Dallas County Environmental Services, located on the 3<sup>rd</sup> floor, Suite 310 509 Main Street, Dallas, TX 75202.**

Building construction documents **will not be considered to have been properly submitted** until this document has been completed and returned with all required construction documents to the Dallas County Fire Marshal's Office, 509 Main Street Dallas Texas 75202.

**PUBLIC WORKS – DEVELOPMENT SERVICES AUTHORIZATION**

Applicant Name/Contact Info: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Address/Location: \_\_\_\_\_  
City/Zip Code: \_\_\_\_\_

**=====The section below is to be completed and Signed By Public Works Staff =====**

**Subdivision Plat**       **Approved**       **N/A**      **Initial:** \_\_\_\_\_  
Plat # \_\_\_\_\_ Recorded Volume: \_\_\_\_\_ Pg: \_\_\_\_\_  
If N/A Describe Exception: \_\_\_\_\_  
 No  Yes - Zoning Applies (Provide approval letter from CSMA)

**Environmental**       **Approved**       **N/A**      **Initial:** \_\_\_\_\_  
 Sanitary Sewer – Provider \_\_\_\_\_  OSSF Permit #: \_\_\_\_\_  
Limited Lighting Plan Required  No  Yes \_\_\_\_\_  
SWPPP  No  Yes \_\_\_\_\_  
Other Environmental \_\_\_\_\_

**Floodplain/Drainage**  **Approved**  **N/A** **Initial:** \_\_\_\_\_  
Floodplain on Site  No  Yes Permit #: \_\_\_\_\_  
Drainage Design Required  No  Yes Date of Drainage Plan Approval \_\_\_\_\_

**Right-Of-Way**  **Approved**  **N/A** **Initial:** \_\_\_\_\_  
Permit Required:  No  Yes Permit #: \_\_\_\_\_

Official Use Only	Upon review of this property the above listed issues have been reviewed and are in compliance with all applicable provisions of State Laws and County Commissioners Court Orders and Policies. A Building Permit for this indicated address may now be processed.
Signature: _____ Title: _____ Date: _____	

**Building Permit (@ Fire Marshal's Office)**  **Approved**  **Denied** **Initial:** \_\_\_\_\_  
Permit Required:  No  Yes Permit #: \_\_\_\_\_