

LYTLE POLICE DEPARTMENT – FIRE MARSHAL DIVISION

P.O Box 750/ 15245 Hester Street Lytle, Texas 78052

Office: (830) 709-0277 Fax: (830)772-3473

FIRE MARSHAL’S PERMIT APPLICATION

PLEASE PRINT ALL INFORMATION IN INK

Date: _____

Permit #: _____
(Issued by Fire Marshal)

Applicant: _____

Address: _____ City: _____ State & Zip: _____

Phone: _____ License #: _____

Project Name: _____

Address: _____ Lytle, Texas 78052

Phone: _____ Owner: _____

Owner’s Address: _____ City: _____ State & Zip: _____

TYPE OF PERMIT

SECTION I (MARK ONE IF THIS SECTION APPLIES)

PLANS REVIEW

		Total Cost
<input type="checkbox"/> Projects total cost <\$25,000	No Charge	_____
<input type="checkbox"/> Projects total cost \$25,001 to \$250,000	\$25.00	_____
<input type="checkbox"/> Projects total cost \$250,001 to \$1,000,000	\$50.00	_____
<input type="checkbox"/> Projects total cost >\$1,000,001	\$100.00	_____

SECTION II (MARK WHICH SECTION APPLIES TO YOUR PROJECT)

FIRE PROTECTION SYSTEMS

<input type="checkbox"/> Sprinkler System		
1-100 heads	\$50.00	_____
101-200 heads	\$75.00	_____
201-300 heads	\$100.00	_____
301 + heads	\$0.75 / sprinkler	_____
<input type="checkbox"/> Fire Alarm System		
1-100 heads	\$50.00	_____
101-200 heads	\$75.00	_____
201-300 heads	\$100.00	_____
301 + heads	\$0.75 / device	_____
<input type="checkbox"/> Vent/Hood Suppression System	\$50.00	_____

FUEL TANK REMOVAL/INSTALLATION

<input type="checkbox"/> Installation	\$50.00 / tank	_____
<input type="checkbox"/> Aboveground <input type="checkbox"/> Belowground		
Number of Tanks: _____ Tank Size: _____		
Contents: _____		
<input type="checkbox"/> Removal	\$50.00 / tank	_____

OTHER PERMITS

<input type="checkbox"/> Annual Commercial/Public Bldg. Fire Inspection	No Charge	
<input type="checkbox"/> Burn Permits (must also submit burn permit application)	\$25.00	_____
<input type="checkbox"/> State Lic. Facility Insp. (Day Care or Foster Home)	\$25.00	_____
<input type="checkbox"/> Initial Fire/Safety Inspection (when required)	\$25.00	_____
<input type="checkbox"/> Nursing Home/Hospital Inspection	\$75.00	_____
<input type="checkbox"/> System Retest Fee	\$35.00	_____
<input type="checkbox"/> Re-Inspection Fee	\$35.00	_____
<input type="checkbox"/> After-Hours Fee	\$35.00 hr. (2 hr. min.)	_____
<input type="checkbox"/> All other permits as required by code (use supplemental page)	\$25.00	_____
<input type="checkbox"/> Outside Plans Review (when required)	Actual Cost	_____

Total Remitted with Application: _____

Please Mail or Deliver to: City of Lytle P.O. Box 750 Lytle, TX 78052