



# STAFFORD FIRE MARSHAL'S OFFICE

10210 Mula Road  
Office Number (281) 403-5951

Stafford, Texas 77477  
Fax Number (832) 351-3428

Plans, Application and Payment must be submitted (in person or mailed) to the Permits Department located at 2610 S. Main, Stafford, TX 77477.

## FIRE PREVENTION SINGLE USE JOB/EVENT PERMIT APPLICATION

(Please Print Clearly and Fill the Application Out In Its Entirety)

Location Address:	Event Name:
Applicant Name:	Phone Number:
Date(s) of Event:	Time of Event:

Emergency Contact 1:
Telephone #:
Cell Phone #:
Email Address:

Emergency Contact 2:
Telephone #:
Cell Phone #:
Email Address:

Scope of Work:
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**If applicable, provide copies of Certificate Of Registrations and Individual Licenses.**

**NOTICE:** There will be delay in the processing and start date of the plan review if the application is incomplete or has an error on it and/or not all of the necessary items have been provided at the time of submittal.

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF 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 OTHER STATE OR LOCAL LAW RELATING TO CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

Phone Number

Check Applicable Boxes		
	Administrative Fee	\$ 50.00
	General Plan Set Review	\$ 200.00
	Carnival/Fair/Special Event	\$ 100.00
	Hot Work (Asphalt Roofing/ Cutting/Torching)	\$ 200.00
	Tent Use	\$ 150.00
	Explosive Storage	\$ 1,250.00
	Helicopter (Private Use)	\$ 1,250.00
Total Fees Due:		

### FOR OFFICE USE ONLY

PERMIT #:	
ACCEPTED BY:	
DATE:	
SUBMISSION #:	

### FOR OFFICE USE ONLY

TOTAL FEE DUE:		PAID:		BALANCE:	
FMO RECEIVED PLANS ON:	/	/	FMO RETURNED PLANS ON:	/	/
REJECTED BY:		DATE:	/	/	REFER TO LETTER OF REJECTION
APPROVED BY:		DATE:	/	/	REFER TO LETTER OF ACCEPTANCE