



## Cameron County Fire Marshal Service Fire Code Permit Application



For any and all new businesses, commercial project, change of ownership and/or occupancy type client must comply as follows:

1. Submit **Fire Marshal Service Fire Code Permit Application**  
[http://www.co.cameron.tx.us/administration/fire\\_marshal\\_service.php](http://www.co.cameron.tx.us/administration/fire_marshal_service.php)
2. Submit Floor Plans with Application for review
3. Add itemized list of services/ food menu if applying for a mobile vending application
4. Pick up reviewed plans on the Wednesday of the following week after dropping off
5. Comply with Fire Marshal Check List prior to setting up FINAL INSPECTION
6. At the time of pickup of the plan review, pay **only** with Check or Money Order: "Pay to the order of **Cameron County**"



# Cameron County Fire Marshal Service

## Fire Code Permit Application



Application Date: \_\_\_/\_\_\_/\_\_\_

### **BUSINESS INFORMATION**

Commercial Establishment, Business

Or Public Building Name: \_\_\_\_\_

911 Street Address or Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Exact Legal Description: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Phase: \_\_\_\_\_ Section: \_\_\_\_\_ or Acres: \_\_\_\_\_ Pct: \_\_\_\_\_

Main Phone Number: (\_\_\_\_) \_\_\_\_\_ Secondary Phone Number: (\_\_\_\_) \_\_\_\_\_

Proposed Commercial Establishment or Public Building Use Type: \_\_\_\_\_

Times of Operation: \_\_\_\_\_ (AM/PM) \_\_\_\_\_ (AM/PM) Days of Week: \_\_\_\_\_

### **CONTACT INFORMATION**

PRINCIPAL CONTACT/ PERMITEE/ APPLICANT

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Last First

Mailing Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

If the permit applicant is a corporation, partnership or other legal entity other than a natural person, state the name, date of birth, own at least a ten percent (10%) interest in the partnership on an additional sheet and attach with this permit application.

**PROJECT INFORMATION**

Start Date of Construction: \_\_\_/\_\_\_/\_\_\_ Square Footage: \_\_\_\_\_ Estimated Cost of Construction:

\_\_\_\_\_

IS the Proposed Construction Substantial improvement? YES NO

“Substantial Improvement” is applicable to an enlarged, altered, repaired, moved, removed, demolished or converted existing structure or infrastructure.

Supply with this application:

- Two (2) sets of construction and site plans for the proposed building or system containing all plans and specifications; and
- If the applicant is not the owner in fee simple of the proposed Commercial Establishment of Public Building, a property executed power of attorney or other written evidence of the agency agreement between applicant and owner.

Building Permit  
  Fixed Pipe System Permit  
  Fire Alarm System Permit  
  Fire Protection System Permit  
 Fireworks Permit  
  Carnival/ Festival Permit  
  Mass Gathering Permit  
  Hazardous Materials Permit  
 Removal of Underground Storage Tank Permit  
 Above & Below Ground Storage Tank Installation Permit  
  Other  
  Permit

I, \_\_\_\_\_, hereby file this application for a fire code permit and if the permit herein applied for granted, acknowledge myself to be bound to Commissioners’ Court of Cameron County, Texas to see to it that all provisions of the permit are faithfully performed. Authorization is hereby given to Cameron County Fire Marshal Service to enter upon the above described property for the purpose of inspections of proposed construction. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and believe that the submitted information is true, accurate and complete.

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

**OFFICE USE ONLY**

Date Received: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ (AM/PM) By: \_\_\_\_\_

Fee Amount: \$ \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_  Money Order  Check #: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Approved By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# FLOOR PLAN

Please show us your floor plan.  
Mark all doors, windows and fixtures.

