

Please complete all sections.



Copperas Cove Fire Department Application for Permit

Construction Address	s:				
Property Owner:	Name:				
	Address:				
	Phone Number:		Cell N	Cell Number:	
Contractor: (Or Sub-contractor)	Name:				
	Address:				
	Phone Num	ıber:	Cell N	Cell Number:	
Architect/Engineer:	Name:				
	Address:				
	Phone Num	ber:	Cell N	Cell Number:	
F	ire Alarm Sys	•	Above & Bel	ow Ground Fuel Tank Removal ow Ground Fuel Tank Installation splay	1
Proposed Use		Occupancy Type		Construction Type	
Building Size (Square Fe	et)	Business Name			
CITY OF COPPERAS INTERPRETATIONS	COVE, WIT AND AGREE EWITH. FENC	TH THE OCCUPATI THAT CONSTRUC CES MUST NOT BLO	ONAL SAFETY TION UNDER T OCK LOT DRAIN	AND THE ADOPTED CODES OF TH AND HEALTH STANDARDS AN HIS PERMIT WILL BE DONE I JAGE OR SWALES. LOT MUST E GE.	D N
Signature:			Date	Date:	
Office Personnel			Data		

Office Use Only Application Provided: Application Received: Invoice Provided: Payment Received:_____ Plans Approved:_____ Received Plans: Fixed Piping System (Commercial kitchen hoods, ducts, etc.) Witnessed Test: By: _____ Final Inspection: By: _____ **Fire Alarm System** Witnessed Function Test: By: _____ Final Inspection: By: _____ Fire Protection System (above or under ground) Witnessed Hydrostatic Test: _____ By: _____ Witnessed Function Test: By: Final Inspection: By: _____ **Above & Below Ground Tank** Witnessed tank removal: By: _____ Witnessed tank installation: By: _____ Witnessed tank & pipe test: By: _____ Final Inspection: By: _____ Fireworks Display Site approval: By: _____

By: _____

Setup inspection:

Fire Prevention personnel assigned _____

Engine Company assigned _____