



FIRE MARSHALS OFFICE

APPLICATION FLOOR PLAN REVIEW

SAM BASS FIRE DEPT/ESD 2

Return plans, application and fees:

Sam Bass Fire Department
 Fire Marshal's Office
 16248 Great Oaks
 Round Rock, TX 78681
 512-255-0100 (O)
 215-255-1288 (f)

CHECK TYPE OF PERMIT REQUESTED

- Civil Plan Review -- \$50 per acre or portion thereof
- Building Plan Review -- \$0.05 per square foot for new building
- REMODEL Building Plan Review – see chart below

Applicant Name: _____

Email address: _____

Company Name: _____

Company Address: _____

Responsible Managing Employee Name: _____

Email Address: _____

Applicant Occupy Lic# or TX DL #: _____ Date of Birth: _____

Phone (work): _____ (Fax): _____

JOB Address: _____

NEW SITE: _____ **ACRES X \$50.00 TOTAL:** _____

BUILDING: _____ **Square footage X \$0.05 Total:** _____

Value	Fee Amount
≤ \$2,000	\$15.00
\$2,001 to \$15,000	\$25 for the first \$2,000 + \$1.50 per \$1,000
\$15,001 to \$50,000	\$50 for the first \$15,000 + \$1.25 per \$1,000
\$50,001 to \$100,000	\$100 for the first \$50,000 + \$1.00 per \$1,000
\$100,001 to \$500,000	\$150 for the first \$100,000 + \$.65 per \$1,000
≥\$500,001 up	\$500 for the first \$500,000 + \$.35 per \$1,000

By my signature, I am acknowledging that I am the responsible party in charge or duly authorized representative of the permittee. I also understand that I/Company must abide by all of the rules and codes of the Sam Bass Fire Dept. / Wilco ESD #2, State and Federal laws. All of the information listed in this application is complete and true. I understand that at any time conditions are unsafe or not in compliance with the listed conditions or conditions on-site become unsafe, that any permit, if issued, can be revoked by Sam Bass Fire Dept. / Wilco Ed #2. A complete application is not a permit, nor is it conditional that a permit be issued. All fees shall be paid prior to the work and in full. I/company shall maintain our own insurance and coverage assuming all liabilities potential and unknown. I also understand that this application is not inclusive and other permits may be required by other department and entities.

Signature: _____ Date: _____

Do not write below this line.

OFFICE OF THE FIRE MARSHAL

Fees: _____

Date Paid: _____

Check #: _____

By: _____

Date: _____

PERMIT MUST BE READILY AVAILABLE FOR INSPECTION ON THE JOB SITE