



North Hays County Fire Rescue
 PO Box 1237, Dripping Springs, TX 78620
 Telephone: 512-894-0704 Fax: 512-894-0705



OPERATIONAL PERMIT/INSPECTION APPLICATION

Date of Application: _____

Application must be completed in full. Failure to provide any of the information may result in a delay of the permit and the rejection of the application. This application is for permit issuance only. A permit will be issued upon the review for which the application is intended. Permit costs will be determined by the plan reviewers.

Project Information

Project Name: _____

Project Address: _____
 Street Address Suite No.

Company Information

Company Name: _____

Company Address: _____
 Street Address Suite No.

City State Zip

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Operational Permit/Inspection

Hydrant Flow Test	<input type="checkbox"/>	Above/Underground Storage Tank	<input type="checkbox"/>
Mass Gathering > 4,000 people	<input type="checkbox"/>	Alternative Fire Suppression System	<input type="checkbox"/>
Commercial Propane Installation	<input type="checkbox"/>	Fireworks Stand	<input type="checkbox"/>
Foster Care/Adoption Inspection	<input type="checkbox"/>	Daycare Annual Inspection	<input type="checkbox"/>
Healthcare/Assisted Living Inspection	<input type="checkbox"/>	Change of Occupancy	<input type="checkbox"/>
Hazardous Materials	<input type="checkbox"/>	Temporary Structures	<input type="checkbox"/>
Fire Watch	<input type="checkbox"/>	Access Gate	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

- Please allow a minimum of two (2) weeks for the North Hays County Fire Rescue review process. Requests for inspections require 48 hours notice.
- Contact person will be notified upon the completion of the permit review. Include email address to be notified via email.
- By signing below, I hereby file this application for a fire code permit and if the permit herein applied for is granted, acknowledge myself to be bound to North Hays County Fire Rescue to see to it that all provisions of the permit are faithfully performed. Authorization is hereby given to North Hays County Fire Rescue and/or their designee, to enter upon the above-described property for the purpose of inspections. 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.

Remit application and mail payment to:

City of Dripping Springs
 P.O. Box 384

Dripping Springs, TX 78620

Make checks / money orders payable to: City of Dripping Springs

Or hand deliver to City of Dripping Springs, 511 Mercer St. Dripping Springs, TX 78620

Printed Name of Applicant Signature of Applicant Date

Permit Number: _____ Approved: _____ Rejected: _____ Fee Due: _____

Reviewed By: _____ Comments: _____