

Canton Fire Department
1390 S Hwy 19
Canton Tx , 75103

Project Number _____

PERMIT APPLICATION

Application Information

Date: _____

| |
|-----------------|
| COMPANY NAME: |
| CONTACT PERSON: |
| PHONE NUMBER: |

Permit Location

| |
|------------------------|
| BUSINESS NAME: |
| STREET ADDRESS: SUITE# |
| ZIP CODE: |

Type of Permit

| | FIRE SPRINKLER SYSTEM | SQ FOOTAGE X .05 CENTS PER SQ FT | TOTAL: |
|----------------------|-----------------------|----------------------------------|--------|
| Type of system | | # OF HEADS | |
| AUTOMATIC FIRE ALARM | | # OF DEVICES | |
| | | | \$150 |

| | |
|---|-------|
| FIRE DEPARTMENT CONNECTIONS (FDC'S) | \$100 |
| FIXED EXTINGUISHING SYSTEMS | \$100 |
| SMOKE AND HEAT VENTS | \$100 |
| HIGH PILED STORAGE | \$100 |
| ACCESS GATES | \$100 |
| FIREWORKS | \$100 |
| INITIAL INSPECTION FOR CERTIFICATE OF OCCUPANCY | \$100 |
| TEMPORARY FUEL VESSELS FOR CONTRUCTION SITE | \$100 |
| ASPHALT KETTLES AND ROOFING | \$100 |
| HOT WORKS (WELDING) | \$100 |
| TOTAL FEES TO BE PAID = \$ | |

PLANS RECEIVED BY: _____
DATE: _____

PLANS REVIEWED BY: _____
DATE: _____

APPROVED OR REJECTED (CIRCLE ONE)

NOTIFIED OF PLANS APPROVED OR REJECTED:

DATE: _____ CONTACT: _____ DATE: _____ CONTACT: _____

**ALL PERMIT FEES MUST BE PAID WHEN PLANS ARE SUBMITTED
NO EXCEPTIONS**

PLANS PICKED UP BY: NAME: (Print) _____ DATE: _____

SIGNATURE: _____ RELEASED BY: _____