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| CITY OF HOUSTON, FIRE DEPARTMENT | X:\HPC Website Project\Department Logos\hfd logo big.tif |
| Mail or bring this original. Payment may be made by check or money order payable to the City of Houston.  |
| We accept credit cards or cash only in person. |
| Mail to: P. O. Box 3625, Houston, Texas 77253 Visit us: 1002 Washington, Houston, Texas 77002  |
| Phone: (832) 394-8811 Fax: (832) 394-9645 Email: hfd.permitoffice@houstontx.gov FIRE ALARM PERMIT APPLICATION |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application Type: (please circle one**) | New |  |  Renewal | (Must not be less than 10 business days before expiration date) |
| **Applicant’s Name:** |  |

**(Type or print) (Last, First, Mi)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant’s Telephone No.:** | **(** |  | **)** |  | **(** |  | **)** |  |

 **(Area code) (Phone number) (Area code) (Work number)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Applicant’s Driver’s Lic. No.:** |  | **State** |  | **SSN#**  |  |

|  |  |
| --- | --- |
| **Address of Alarm:** |  |

 **(Street address and apartment or suite no.)**

|  |  |
| --- | --- |
|  |  |

 **(City, state, and zip code)**

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| **Business Name:** |  | Telephone**Number** |  | **-** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Federal Tax Number:** |  | **State Sales Tax No.** |  | **Corporate Charter No.** |  |

|  |  |
| --- | --- |
| **Owner Name(if other than applicant):** |  |
| **Owner’s Address:** |  |

 **(Street address, city, state, and zip code)**

|  |  |
| --- | --- |
| **Mailing Address (if different):** |  |
|  |  |

 **(Street address, city, state, and zip code)**

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| **Type of Alarm Site:** |  | **Residence** |  | **Non-Residence/Business** |  | **Government Office** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Installation of Alarm Date:** |  |  | **Number of actuating devices:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Alarm Group Type:** |  | **0-10 actuating devices** |  | **11-100 actuating devices** |  | **101 or more actuating devices** |

**Check applicable Group A Group B Group C**

|  |  |  |  |
| --- | --- | --- | --- |
| **Alarm Company:** |  | **Telephone No.** |  |

**Please list two (2) individuals or alarm/security company that have agreed to respond and grant access to the alarm site within one (1) hour.**

|  |  |  |  |  |
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| **Name of Contact #1:** |  |  | **Local Phone No.** |  |

 **(or name and phone no. of alarm/security company) area code and number**

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| **Name of Contact #2:** |  |  | **Local Phone No.** |  |

**Area code and number**

|  |  |  |  |
| --- | --- | --- | --- |
| **X** |  | **Date:** |  |

**Signature of Applicant or Authorized Agent**

The Applicant or Authorized Agent affirms that all the information contained herein is true and correct to the best of his/her knowledge. This application may be denied for false statements and/or non-payment of all fees owed to the City of Houston. The permit may be revoked for disciplinary reasons and/or non -payment of fees owed to the City in accordance with “City of Houston Code of Ordinances Chapter 11 Article II”.

**If the fire department receives notice of any fire alarm from an alarm system that does not have a valid permit, then each person in control shall be jointly and severally liable to the city for a false response citation fee for each fire department response to false fire alarms.**

***PERMITS ARE VALID ONE (1) YEAR FROM ISSUE DATE AND MUST BE RENEWED TEN (10) DAYS BEFORE EXPIRATION.***

###### FOR DEPARTMENT USE ONLY

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| --- | --- | --- | --- | --- | --- | --- |
| Customer Number: |  | **Permit Number:** |  |  | **Base Permit Fee:** | **$** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cash:**  |  | **Check #:**  |  | **Credit Card #:** |  |  | **Processing Fee:** |  |

 **Receipt # Please circle one: Amer.Exp. ,Discover, MC/Visa**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee #** |  | **Date:** |  | **Expiration Date** |  |  | **Total:** | **$** |