



One Troyan Drive, Meadows Place, TX 77477
 Permit Office: 281-983-2932 (9am – 4pm M-F)
 Fax: 281-983-2940
 Email: permits@cityofmeadowsplace.org

ANNUAL FIRE PREVENTION OPERATIONS PERMIT

Please complete below information and submit all applicable fees to the City of Meadows Place.

DATE: _____ TOTAL FEES DUE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ STREET _____ CITY/STATE _____ ZIP _____ EMAIL: _____

CONTACT PERSON: _____ PHONE: _____

MAILING ADDRESS: _____

EMGENCY CONTACT #1

EMERGENCY CONTACT #2

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

FEES:

_____	APPLLCATION FEE	\$ 50.00
_____	ANNUAL FIRE SAFETY PERMIT	\$ 75.00
_____	FOSTER CARE HOME	\$100.00
_____	CHILD DAY CARE FACILITY	\$200.00
_____	AUTO REPAIR BUSINESS	\$150.00
_____	ADULT PERSONAL CARE FACILITY	\$300.00
_____	PLACES OF ASSEMBLY	\$200.00
_____	HEALTH CARE/ DIALYSIS CENTER/ CLINIC/ DOCTORS OFFICE	\$400.00
_____	LUMBERYARD/ ROOFING (OUTSIDE STOCK STORAGE)	\$300.00
_____	DRY CLEANERS	\$150.00
_____	TEMPORARY FUEL STORAGE TANK	\$250.00
_____	PAINT SPRAY BOOTH	\$250.00
_____	FLAMMABLE LIQUID	\$300.00
_____	COMPRESSED GAS CYLINDER/ VESSEL	\$300.00
_____	COMBUSTIBLE STOCK/ HIGH PILE STOCK	\$250.00
_____	HAZARDOUS CHEMICALS (WITH CHEMICAL INVENTORY LIST)	\$500.00

NOTICE: This application for permit(s) does NOT relieve the permit holder of responsibility to comply with all City of Meadows Place Fire Codes and City Ordinances. It is the responsibility of the permit holder to renew all applicable permits prior to expiration date.

 APPLICANT SIGNATURE

 DATE

 APPLICANT PRINTED NAME

PERMIT NO.: _____	EXPIRATION DATE: _____
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