



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	\$ 75.00
_____ 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: _____