

CITY OF FLATONIA

Annual Fire Safety Inspection Application

Permit Number: _____

Project Name: _____

Project Address: _____

Project Description: Annual Fire Safety Inspection

There is a fee for all re-inspections

Owner Information

Company Name: _____ Contact Person: _____

Address: _____

Phone Number: _____

Cell Number: _____

Email: _____

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY:

Approved by: _____

Date Approved: _____

Annual Fire Safety Fee: _____

Re-inspection Fee: _____

Date of Original: _____

Inspection Next: _____

Inspection Due On: _____

Total Permit Fee: _____

Issued Date: _____

Issued By: _____

BV Project #: _____

125 E. South Main
P.O. Box 329
Flatonia, TX 78941
City Hall 361-865-3548
Fax 361-865-2817
Email code@ci.flatonia.tx.us