**Date: _____**

**Fire Permit Application**

Fire Information:

Contractor: _____ Phone: _____

Contractor Address: _____ Email: _____

Contractor License Number: _____ Expiration of License: _____

☐ Fire Alarm ☐ Fire Suppression ☐ Fire hood (Please select which permit you are pulling)

Owner of location: _____ Phone: _____

Address: _____

Value of work: _____ How many devices/sprinkler heads: _____

☐ Residential ☐ Commercial

Description of Work: _____

_____

_____

**Call the permit office at 254-865-8951 for inspections. All work within the City must be inspected.

Inspection Requests:

Same day inspections are handled on an emergency basis only; utility restorations are considered emergency. The inspection cutoff time for next day requests is 4:00 pm. Requests received BEFORE 4:00 pm will be scheduled the next business day as the schedule allows. All requests received AFTER 4:00 pm will be scheduled the 2nd business day after the request.

Applicants acknowledge by the issuance of this permit; the City of Gatesville has determined that the subject building will meet all the requirements of the ordinances of the City of Gatesville. Applicant further acknowledges that the City will withdraw any permit and take appropriate action to enforce its ordinances without regard to the stage of construction that is in violation of any ordinance of the City of Gatesville.

Applicant Signature: _____ Date: _____

*Updated: 7/29/2026*

**For office use only:**

Legal Description: _____ Property Id: _____ Setbacks: _____

Zoning: _____

Floodplain: ☐Yes ☐No Elevation req: _____

Approved:☐Yes ☐No

Paid: ☐Yes ☐No

*Updated: 3/2/2026*