

# Emergency Prevention Division



## Travis County Emergency Services District 3 & 9

248 Addie Roy Rd, Bldg B, Suite 103 - Austin, TX 78746  
 Mailing Address: P. O. Box 162170 - Austin, TX 78716-2170  
 Headquarters: (512) 327-9424 Fax: (512) 327-2780  
 www.westlakefd.org www.oakhillfire.org



### Plan Review Application

Date of Application: \_\_\_\_\_ ESD Area: ESD # 3  ESD # 9   
 TNR Permit Number \_\_\_\_\_ COA Case Number \_\_\_\_\_

Application must be completed in full. Failure to provide any of the information may result in a delay of the plan review and the rejection of the application. This application is for permit issuance only. A permit will be issued upon the review and approval of plans for which this application is intended.

#### Project Information

Square Footage: \_\_\_\_\_ Estimated Cost of Construction: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_

#### Company Information

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

#### Request Plan Review

First Submittal:  Second Submittal:  Third Submittal:  Fourth Submittal:   

Subdivision Plan	<input type="checkbox"/>	Site Plan (Civil)	<input type="checkbox"/>
Fire Alarm Plan	<input type="checkbox"/>	New Building Plan	<input type="checkbox"/>
Fire Sprinkler Plan > 50 Heads	<input type="checkbox"/>	New Building Shell Only	<input type="checkbox"/>
Fire Sprinkler Plan < 50 Heads	<input type="checkbox"/>	New Building Finish Out / Alteration	<input type="checkbox"/>
Commercial Kitchen Hood System	<input type="checkbox"/>	Existing Building Re-Model	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

- \* A valid permit and an approved set of plans must be maintained at the job site at all times. Failure to obtain a permit prior to beginning work on a system and/or failure to provide the plans and permit for the field inspector may result in a failed inspection and civil penalties assessed.
- \* Minimum of two (2) sets of construction and site plans for the proposed project and/or a minimum of three (3) sets of Fire Protection System plans must be submitted with this review application.
- \* Please allow a minimum of two (2) weeks for the Travis County ESD 3 & 9 Emergency Prevention Department Plan Review Process.
- \* Contact person will be notified upon the completion of the plan review. Include e-mail address to be notified via e-mail.
- \* By signing below, I hereby file this application for a fire code permit and if the permit herein applied for is granted, acknowledge myself to be bound to the Travis County ESD 3 & 9, to see to it that all provisions of the permit are faithfully performed. Authorization is hereby given to the Travis County ESD 3 & 9 and/or their designee, to enter upon the above-described property for the purpose of inspections of proposed construction. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and believe that the submitted information is true, accurate, and complete.

**I have read and understand the responsibilities stated therein:**

Printed Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

#### Emergency Prevention Division Use Only

Permit Number: \_\_\_\_\_ Working Days: \_\_\_\_\_ Approved  Rejected   
 Date of Submittal: \_\_\_\_\_ Date of Completion: \_\_\_\_\_ Reviewed By: \_\_\_\_\_  
 Fee Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_