

Emergency Prevention Division



Travis County Emergency Services District 3

4111 Barton Creek Blvd. Austin, TX 78735

Headquarters: (512) 288-5534 Fax: (512) 288-5844

www.oakhillfire.org

Plan Review Application

Date of Application: _____

TDLR TAS # _____ COA Case # _____ TNR # _____

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: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Project Name: _____

Project Address: _____

Street Address _____ Suite No. _____

Contractor Name: _____ Contractor Phone Number: _____

Contractor Address: _____

Street Address _____ Suite No. _____

City, State _____ Zip Code _____

Company Information

Company Name: _____

Company Address: _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Contact Person: _____ Type of Business: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ Tax Payer ID: _____

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. The application shall be completed in full.

* Please allow a minimum of three (3) weeks for the Travis County ESD 3 Emergency Prevention Division 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, to see to it that all provisions of the permit are faithfully performed. Authorization is hereby given to the Travis County ESD 3 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 _____