



## San Patricio County Fire Marshal's Office

Scott Marion – Fire Marshal

219 W. 5<sup>th</sup> Street, Building 7

Sinton, Texas 78387

(361) 587-3558

[emc@sanpatriciocountytx.gov](mailto:emc@sanpatriciocountytx.gov)

### APPLICATION FOR FIRE INSPECTION

#### APPLICANT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

After Hours Contact for Business: \_\_\_\_\_ Title for Contact: \_\_\_\_\_

After Hours Contact Phone: \_\_\_\_\_

#### INSPECTION INFORMATION

##### Need for Inspection:

New Construction: \_\_\_\_\_ Remodel: \_\_\_\_\_ Change of Occupancy: \_\_\_\_\_

Annual Inspection: \_\_\_\_\_ Foster Care: \_\_\_\_\_ Re-Inspection: \_\_\_\_\_

Industrial: \_\_\_\_\_ Agricultural: \_\_\_\_\_ Other: \_\_\_\_\_

Type of Inspection Needed: \_\_\_\_\_

Operational Permit Required? \_\_\_\_\_ State or Government Required Inspection? \_\_\_\_\_

If State or Government Required, who is the Agency Requiring Inspection: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_ Square Footage of Building: \_\_\_\_\_

***If this is NOT new construction, skip this section and proceed to the next section***

**NEW CONSTRUCTION INSPECTIONS ONLY:**

Permit Number: _____	
Construction Company: _____	Main Phone Number: _____
Contact for Construction Company: _____	Contact Phone Number: _____
Email for Contact: _____	
Engineering or Architectural Company Drafting Plans: _____	
Address of Firm Drafting Plans: _____	
Phone Number of Firm Drafting Plans: _____	
Contact at Firm Drafting Plans: _____	Phone Number for Contact: _____
Email for Contact: _____	
Does Project Include a Sprinkler System: Yes _____ No _____	
Fire Alarm: Yes _____ No _____	
Date and Type of Last Inspection on Project: _____	

**ANY ADDITIONAL INFORMATION NEEDED:**

_____
_____
_____
_____

**FINALIZE APPLICATION**

Printed Name of Person Requesting Inspection: _____	
Date Application Submitted: _____	Fee Amount Paid: _____
<b><i>Fire inspection fees are required at the time of the inspection application is submitted. No inspection will be scheduled or acted upon with the inspection fee being paid in advance. The inspection fees are non-refundable. By signing below, I agree that I understand with this policy.</i></b>	
Signature: _____	Date: _____