Application must be submitted to the Killeen Fire Marshal’s Office at least 24-hours prior to scheduling service. Fees must be paid in advance of requested service. Please make payment(s) payable to the City of Killeen.

Address or Location
Where inspection is required:__________________________________________________________

Name of Business or job site: __________________________________________________________

Name of owner: ____________________________ Bus. Ph ____________________________ Hm Ph ____________________________

Fees to be paid by _____________________________________________

Signature of Applicant ______________________________

TYPE OF SERVICE REQUIRED

( ) INSPECTION of (Circle one of the following):
1. Daycare Center ........................................... $37.00:
2. Foster Home ............................................. $37.00:
3. Registered Family Home .................................... $33.00:
4. Nursing Home ........................................... $135.00:
5. Hospitals ................................................ $180.00:
6. Other ..................................................... $37.00:

NOTE: If your facility uses natural gas for cooking or heating, you may be required to have a NATURAL GAS SYSTEM TEST. See below for additional required test.

( ) WITNESS TEST [Based at $50.00 first half hour and $25.00 per half hour or part thereafter.]

Circle one of the following:__________________________________________
1. Automatic Sprinkler system (2-hour test)........................................ $125.00*:
2. Natural gas system (approx. 30 min. test) .................................. $ 50.00*:
3. Fixed Fire Suppression System (Ansul, etc.) ................................ $ 50.00*:
4. Fuel tank storage system:
   a. Tank pressure test (approx. 30 min) ....................................... $ 50.00*:
   b. Line pressure test (approx. 30 min.) ..................................... $ 50.00*:
5. Fire Alarm System (1st 30min.) ............................................. $ 50.00*:
6. Other: ____________________________

( ) PERMIT (Valid one calendar year from date of issue) for:
1. Residential Fire Alarm...................................................... $10.00 :
2. Commercial Fire Alarm.................................................. $25.00 :
3. Health Care Facility (initial permit $500).......................... $125.00 :

TOTAL CHARGES: ____________________________

DATE PAID: ____________________________

RECEIPT #: ____________________________

( )Check ( )Money Order ( )Cash ( )Cashier Check

YOUR TEST(S) ARE SCHEDULED ON THE FOLLOWING DATE(S)

Scheduled for: Date: ___/___/____ DAY _______ TIME: ________ AM PM
Completed on: Date: ___/___/____ DAY _______ TIME: ________ AM PM

Completed on: Date: ___/___/____ DAY _______ TIME: ________ AM PM

Inspection/Witness Test: ☐PASS ☐FAIL

Applicant Must Call For Re-Inspection ☐YES ☐NO

COMMENTS BY FIRE OFFICIAL:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________