



KILLEEN FIRE MARSHAL'S OFFICE
APPLICATION FOR SERVICE

907 W. Jasper Dr.
Killeen, TX 76542
(254) 501-6584 office
(254) 501-6852 fax

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.

DATE _____ / _____ / _____

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	<u>Fee Rate:</u>	<i>FOR OFFICE USE ONLY</i>
() 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:	<u>Fee Rate:</u>	
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 (1 st 30min.)	\$ 50.00* :	_____
6. Other: _____	\$ 50.00* :	_____

() **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

Scheduled for : 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:

