



KILLEEN FIRE MARSHAL'S OFFICE
APPLICATION FOR SERVICE

802 N. 2nd St. Bldg G-102
Killeen, TX 76541
(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 _____/_____/_____

Name of Business: _____
 Address: _____
 Name of owner: _____ Bus. Ph _____ Hm Ph _____
 Fees to be paid by _____
 Signature of Applicant _____

TYPE OF SERVICE REQUIRED		<i>FOR OFFICE</i>
		<i>USE ONLY</i>
() INSPECTION of (Circle one of the following):	<u>Fee Rate:</u>	
1. Daycare Center	\$75.00 :	_____
2. Foster Home	\$50.00 :	_____
3. Registered Family Home	\$50.00 :	_____
4. Nursing Home	\$135.00 :	_____
5. Hospitals	\$180.00 :	_____
6. Other	\$50.00 :	_____
7. After-hours Inspection Fee (\$200 1 st hour/\$100 per hour thereafter).....	\$200.00 :	_____
8. Fire Watch (\$200 1 st hour/\$100 per hour thereafter).....	\$200.00 :	_____

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 \$75.00 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.)	\$ 60.00* :	_____
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.)	\$ 75.00* :	_____
6. Other: _____	\$ 50.00* :	_____

() **PERMIT** (Valid one calendar year from date of issue) for:

1. Residential Fire Alarm.....	\$25.00 :	_____
2. Commercial Fire Alarm.....	\$75.00 :	_____
3. Health Care Facility (initial permit \$500).....	\$175.00 :	_____

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

COMMENTS BY FIRE OFFICIAL:

