



Permit Application

MESQUITE FIRE RESCUE

Name of Inspector requiring permit (if known							
SYS	STEMS:		Combustible Material Storage*		Liquid-or Gas Fueled		Temporary Membrane
	Automatic Fire Extinguishing		Compressed/Medical Gas		Vehicles or Equipment in		Structure, Tents and Canopies
	System (Kitchen)		Cryogens*		Assembly Buildings		sq. ft.
	Fire Alarm System		Dry Cleaning Plant*		L.P.G. Storage Use		Tire Rebuilding Plants*
	Life Safety Package		Dust Producing Operations*		Commercial		Tire Storage/ Scrap/
	Monitoring System		Exhibit/Trade/Special Event		Single Family		Byproducts Storage*
	Other Fire Extinguishing		sq. ft.		Lumber Yards*		Wood Pallet Storage*
	Systems		Exhibit/Trade Double Decker		Malls		Wood Products*
	Smoke Control System		Booths		Assembly		Other (Please specify)
	Sprinkler System		Explosive/Blasting Agents		Display fueled vehicles		
	Fire pump		Storage and Use*		Kiosks		
	Underground Fire Services		Filming		Open Flame		
	Mains		Fire Sprinkler Design Flow Test		Motor Vehicle		
OTHER PERMITS:			Fireworks Booth		Fuel Dispensing Stations*	<u>OTI</u>	HER SERVICES:
	Aerosol Products*		Fireworks/Pyrotechnics:		Open Burning		
	Aircraft Repair Hangars*		Indoor devices		Organic Coatings*		Copies
	Aircraft Refueling Vehicles*		Outdoor devices		Ovens – Industrial		Engine Company Standby
	Amusement Building –		Flame Effects*		Places of Assembly		Request for Search of Fire
_	Temporary		Flammable/Combustible Liquids*		# of occupants		Prevention Records
	Asbestos Removal		Fruit Ripening*	_	# of Sq. Ft.		
	Automobile Wrecking Yard		Fumigation*		Radioactive Materials*		
	Battery System*		Gates, Access		Refrigeration Equipment*		
	Candles/Open Flames		Hazardous Materials*		Repair Garage		
	Carnivals/Fairs		High Piled Combustible Storage*		Spay Booths/		
	Christmas Tree Lots		Hot-work Operations*		Spraying/ Dipping*		
Application Date: Pr					repaid Account No:		
Expedite? Yes □ No □							vised □ Resubmitted □
If revised or resubmitted, must provide original permit number							
Contractor/Applicant: Phone: ()							
Mailing Address:							
Major Project Name:							
					Event Name:		
Sub Project Name: Event Name: Event Name: Event Begin Date: End Date:							
	-						
Address:							
Make Check Payments to City of Mesquite							
	Fire Department Use Only						
Permit Plan/Number Authorized By:							
	Assigned Inspector						
Applicant Signature					Please Print Name/Title		