Emergency Prevention Division

Travis County Emergency Services District 9
1301 S. Capital of Texas Highway, Suite B-123, West Lake Hills, TX 78746
Mailing Address: P. O. Box 162170, Austin, TX 78716-2170
Headquarters: (512) 539-3400 Fax: (512) 327-2780
www.westlakefd.org

Plan Review Application

Date of Application: _____

TDLR TAS #_____ COA Case # _____ TNR #_____

Application must be completed in full. Failure to provide any of the information may result in a delay of the plan review and the rejection of the application. This application is for permit issuance only. A permit will be issued upon the review and approval of plans for which this application is intended.

Project Information

Square Footage: _____ Estimated Cost of Construction: _____
Project Name: _____
Project Address: _____
Street Address Suite No.

Company Information

Company Name: _____
Company Address: _____
Street Address Suite No.
City State Zip Code
Contact Person: _____
Phone Number: _____ Fax Number: _____
E-Mail Address: _____

Request Plan Review

First Submittal: ☐ Second Submittal: ☐ Third Submittal: ☐ Fourth Submittal: ☐

Subdivision Plan	☐	Site Plan (Civil)	☐
Fire Alarm Plan	☐	New Building Plan	☐
Fire Sprinkler Plan > 50 Heads	☐	New Building Shell Only	☐
Fire Sprinkler Plan < 50 Heads	☐	New Building Finish Out / Alteration	☐
Commercial Kitchen Hood System	☐	Existing Building Re-Model	☐
Other: _____	☐	Other: _____	☐

* A valid permit and an approved set of plans must be maintained at the job site at all times. Failure to obtain a permit prior to beginning work on system and/or failure to provide the plans and permit for the field inspector may result in a failed inspection and civil penalties assessed.
*** Minimum of two (2) sets of construction and site plans for the proposed project and/or a minimum of three (3) sets of Fire Protection System plans** submitted with this review application.
*** Please allow a minimum of two (2) weeks for the Travis County ESD 9 Emergency Prevention Department Plan Review Process.**
*** Contact person will be notified upon the completion of the plan review. Include e-mail address to be notified via e-mail.**
* By signing below, I hereby file this application for a fire code permit and if the permit herein applied for is granted, acknowledge myself to be bound to the Travis County ESD 9, to see to it that all provisions of the permit are faithfully performed. Authorization is hereby given to the Travis County ESD 9 and/or their designee, to enter upon the above-described property for the purpose of inspections of proposed construction. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and believe that the submitted information is true, accurate, and complete.

I have read and understand the responsibilities stated therein:

_____ _____
Printed Name of Applicant Signature of Applicant Date

Revised 4/14