



BRAZORIA COUNTY

# OFFICE OF THE FIRE MARSHAL

*Martin P. Vela*

111 East Magnolia Street, Angleton, TX 77515 – (P) 979-864-1201 – (D) 979 864-1121 – (F) 979-864-1081



## ASSISTED LIVING FACILITY OCCUPANCY PERMIT APPLICATION

This form is to be used for the new or renewal application of an Assisted Living Facility Occupancy. A separate application and permit shall be completed for each building requiring an occupancy permit and inspection.

### Application Type:

<input type="checkbox"/> New assisted living facility occupancy	<input type="checkbox"/> Existing assisted living facility occupancy	<input type="checkbox"/> Re-Inspection
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### Assisted Living Facility Location Information:

Address of occupancy:	_____	City	_____	State	_____	Zip	_____
Name of business:	_____						
Phone number:	_____						

### Property Owner's Information:

Contact person:	_____	Phone:	_____				
Email:	_____	Cell:	_____				
Address:	_____	City	_____	State	_____	Zip	_____

### Business Owner's Information:

Contact person:	_____	Phone:	_____				
Email:	_____	Cell:	_____				
Company name:	_____	Phone:	_____				
Address:	_____	City	_____	State	_____	Zip	_____

### Description of Assisted Living Facility Occupancy Information:

Number of adults within facility	_____	Number of bedrooms	_____
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### Utilities:

Water:	_____	Sewer:	_____	Electricity:	_____	Gas:	_____
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### Permit fee schedule:

In General	Description	Amount
Fire & Safety Inspections	(for assisted living facilities inspections)	\$ 100.00
Re-inspection	(for failed final occupancy inspections)	\$ 75.00
Permit Total		

**Please make checks payable to: TREASURER – BRAZORIA COUNTY**

### Person completing this form:

Name:	_____	Phone:	_____
Email:	_____	Cell:	_____
Company name:	_____	Phone:	_____

### DO NOT WRITE IN THIS SPACE

Received By:	Permit Fee	Date Permit Received	Permit No
_____	\$ _____	_____	_____
Fire Marshal Approval:	FM Reviewed:	FM Completed:	Status:
_____	_____	_____	_____
Deputy Fire Marshal Approval:	Deputy FM Reviewed:	Inspection Completed:	Status:
_____	_____	_____	_____