



LEANDER FIRE DEPARTMENT PERMIT INSPECTION APPLICATION

(Please print clearly)

Permit ID # _____

Applicant Information

Business Name: _____

Applicant: _____

Physical Address: _____

Mailing Address (if different): _____

Daytime Phone: _____ Fax: _____

Email: _____

Type of Service Provided: (please circle all that apply)

| | |
|---------------------------------|--------------------------|
| Cutting/Welding Shops | \$80.00 |
| Dry Cleaning Facilities | 100.00 |
| Hazardous Materials | 150.00 based on quantity |
| Lumberyard/Woodworking | 80.00 |
| Repair Garages/Service Stations | 80.00 |
| Spraying/Dipping | 80.00 |

If other, please specify: _____

****Please allow 5 business days for scheduling of inspection.**

Signature: _____ Date: _____

Permits Division, P.O. Box 319, Leander, Texas 78646-0319
Ph. (512) 528-2752, fax (512) 259-0660, <http://www.leandertx.gov>