



# COMAL COUNTY FIRE MARSHAL'S OFFICE

145 David Jonas Dr.  
New Braunfels, Texas 78132

## Operational Permit Application

Please allow up to 30 days for application review and permit issuance.

Permit Number \_\_\_\_\_

(Fire Marshal's Office use)

Street Address \_\_\_\_\_

As assigned by Comal County

Project Name: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Operation: (Please circle)

Aerosol	Amusement Bldg	Carnival/ Fair	Combustible Dust/Fiber
Compressed Gas	Exhibit/ Trade Show	Explosives	Hazardous Material
Hot Work: Type _____	Wood Working	Open Flame	Other: _____

Length of time requested for Permit: \_\_\_\_\_

Type of building construction: 1A 1B 2A 2B 3A 3B 4A 4B 5A 5B

(As per the Building Code)

Applicant Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZED APPLICANT SIGNATURE (at time of sumittal to the Fire Marshal's Office)

By my signature, I have verified that all required information is submitted with the Operational Permit Application and is true and correct to the best of my knowledge.

Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

(For County Use Only)