



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)