DATE OF SUBMITTAL _____ **BPA #** _____

BEXAR COUNTY FIRE MARSHAL
AND EMERGENCY MANAGEMENT OFFICE
9810 SOUTHTON ROAD
SAN ANTONIO, TEXAS 78223
TEL: 210.335.0300 FAX: 210.335.0330

CHRIS LOPEZ
Fire Marshal

AUTHORIZATION TO ISSUE BUILDING PERMITS FOR CHANGE OF OCCUPANCY

By law, a building permit must be issued or denied within 30 days of the date it is submitted for review. Due to other provisions of law, which could require the issuance of a building permit before other County review processes are completed, effective February 15, 2008, Bexar County Fire Marshal's Office will not receive and/or review building construction documents nor issue a building permit nor will they receive change of occupancy applications until authorization has been signed off by the Bexar County Public Works Department.

This document must be reviewed/approved by the Bexar County Public Works Department which is located at 1948 Probandt Street, San Antonio, Texas 78214. The phone number for Bexar County Public Works is 210-335-6700.

Applications for Change of Occupancy will not be considered to have been properly submitted until this Authorization has been completed and returned with all required documents to the Bexar County Fire Marshal's Office, 9810 Southton Road, San Antonio, Texas, 78223.

PUBLIC WORKS – DEVELOPMENT SERVICES AUTHORIZATION

Contact Name for Applicant: _____ Phone:_____ E-mail:_____

Project Name: _____

Street Address/Location for Project or Facility: _____

City/Zip Code: _____

==========Section below to be completed, initialed (where applicable), and signed by Public Works Staff ==========

Subdivision Plat ☐ **Accepted** ☐ **Denied** ☐ **N/A** **Initial:** _____

Plat # _____ Recorded Volume: _____ Pg: _____

If N/A, Describe Exception: _____

Environmental ☐ **Accepted** ☐ **Denied** ☐ **N/A** **Initial:** _____

☐ Sanitary Sewer – Provider _____ ☐ OSSF Permit #: _____

Limited Lighting Plan Required ☐ No ☐ Yes If Yes, Please Explain:_____

Other Environmental (Describe): _____

Storm Water Quality ☐ **Accepted** ☐ **Denied** ☐ **N/A** **Initial:** _____

Storm Water Quality Permit ☐ No ☐ Yes If Yes, Insert Permit #:_____

Post-Construction Best Management Practices Identified ☐ No ☐ Yes If Yes, Insert Permit #:_____

Floodplain/Drainage ☐ **Accepted** ☐ **Denied** ☐ **N/A** **Initial:** _____

Floodplain on Site ☐ No ☐ Yes If Yes, Insert Permit #: _____

Drainage Design Required ☐ No ☐ Yes If Yes, Insert Date of Drainage Plan Acceptance _____

COSA FILO Fee Required ☐ No ☐ Yes If Yes, Insert Date of COSA Review _____

Right-Of-Way ☐ **Accepted** ☐ **Denied** ☐ **N/A** **Initial:** _____

Permit Required: ☐ No ☐ Yes If Yes, Insert Permit #: _____

Conditions:	
Official Use Only	☐ **Accepted with Conditions noted above. This Project is Authorized to apply for Building or other permits identified on the attached application from the Fire Marshal.** ☐ **Denied** **This Project is deemed to be incomplete if area listed above is marked "Denied".**

Signature: _____ Title: _____ Date: _____

Building Permit (@ Fire Marshal's Office) ☐ **Approved** ☐ **Denied** **Initial:** _____

Permit Required: ☐ No ☐ Yes If Yes, Insert Permit #: _____

BEXAR COUNTY FIRE MARSHAL'S OFFICE

9810 Southton Road SAN ANTONIO, TX 78223 (210) 335-0300 Fax: (210) 335-0330

APPLICATION FOR A CHANGE OF OCCUPANCY

☐ **CHANGE OF OCCUPANCY INSPECTION: $150.00** (*Make check or money order payable to:* BEXAR COUNTY CLERK.)

2015 International Fire Code, Bexar County Amendments, Section 102.3.1: Use and occupancy: No building or structure shall be used or occupied, and no change in the existing occupancy classification or ownership of a building or structure or portion thereof shall be made, until the *building official* has issued a certificate of occupancy therefor as provided herein. Issuance of a certificate of occupancy shall not be construed as an approval of a violation of the provisions of this code or of other ordinances, court orders, or regulations of the jurisdiction.

SECTION A: BUSINESS INFORMATION

New Business Name	Business Address/Suite #	City	Zip Code

Business Phone #	Business Fax #	Business Owner e-mail address

Name of Business Owner	Business Owner's Address	City, State, Zip Code	Business Owner Ph#

Name of Building Owner	Building Owner Mailing Address	City, State, Zip Code

APPLICATION WILL NOT BE ACCEPTED BY THE FIRE MARSHAL'S OFFICE WITHOUT THE FOLLOWING: 1) APPROVED "AUTHORIZATION TO ISSUE BUILDING PERMIT" FORM; 2) APPLICABLE FEE; AND 3) FLOOR PLAN/DRAWING OF AREA TO BE OCCUPIED. THE FOLLOWING IS REQUIRED TO BE SHOWN ON THE FLOOR PLAN:

**** NOTED USE OF EACH ROOM/AREA** *** LOCATION OF FIRE EXTINGUISHERS***
**** DIMENSIONS OF EACH ROOM/AREA** *** TOTAL SQUARE FOOTAGE***
**** LOCATION OF EXIT DOORS** *** PROPOSED STRUCTURAL CHANGES TO BE MADE***

ALL DOCUMENTS WILL BE REVIEWED BY THE CODE INSPECTOR ASSIGNED TO THE DISTRICT AND CONTACT WILL BE MADE WITHIN 7 DAYS TO SCHEDULE THE CHANGE OF OCCUPANCY INSPECTION.

SECTION B: BUILDING FEATURES / FIRE PROTECTION SYSTEMS

	Yes	No		Yes	No
Will there be any structural changes/additions made to the building/suite?	☐	☐	Does the property have a Knox Box or Electric Operated Gate?	☐	☐
Will there be any electrical, plumbing, or HVAC work done in building/suite?	☐	☐	Is the kitchen equipped with residential or commercial cooking appliances? ☐N/A	☐	☐
Does the building/suite have a Fire Sprinkler System?	☐	☐	Does the building/suite have a Paint/Spray Booth?	☐	☐
Does the building/suite have a Fire Alarm System?	☐	☐	Does the building/suite have illuminated exit signs?	☐	☐
Are the sprinkler system and/or fire alarm system monitored by a third party? ☐N/A	☐	☐	Does the building/suite have emergency lighting?	☐	☐

SECTION C: BRIEFLY EXPLAIN THE USE OF THE BUILDING/SUITE BELOW

SECTION D: SPECIFY WASTE WATER TYPE AND WATER SOURCE FOR FIRE PROTECTION SYSTEMS / TDLR PROJECT

☐ San Antonio Water System	☐ TDLR PROJECT NUMBER (REQUIRED):
☐ Private Water Company Specify:	☐ Other Specify:
WASTEWATER SYSTEM: ☐ Public Sewer System	Specify Company or "None" If no water to structure:
☐ OSSF System (Standard, Aerobic, or Other - Public Works Environmental Services Authorization Rq'd)	(Interior Finish and Change of use only – All other applications require BPA) Public Works Environmental Svcs Authorization:_____

SECTION E: CONTRACTOR INFORMATION *(if applicable)*			
Contracting Company	Contracting Company Address	Contracting Company City/State	Zip Code

Name of Person making application:	Phone #:	e-mail Address:	License #:
	( )		

Job Superintendent/Forman	Phone #	Cell Phone #	e-mail Address
	( )	( )	

Secondary Job Contact	Phone #	Cell Phone #	e-mail Address
	( )	( )	

If the property to be built upon is within the City of San Antonio Extra Territorial Jurisdiction (ETJ), you should contact San Antonio Developmental Services to determine if there are any ETJ requirements with which you must comply. If the property to be built upon is within the City of Helotes Extra Territorial Jurisdiction (ETJ), you should contact The City of Helotes to determine if there are any ETJ requirements with which you must comply.

I have read the completed application and know the same to be true and correct and hereby agree that if a permit and/or approved plans are issued, all provisions of the applicable County Fire Code will be complied with whether herein specified or not. I understand that if I do not check an item, which applies to the above address shown on page one of this application, I will be held responsible for additional fees and/or construction requirements as called for by the applicable County Fire Code.

I UNDERSTAND THAT I MAY NOT PROCEED WITH ANY WORK DESCRIBED HEREIN UNTIL I RECEIVE APPROVAL FROM THE BEXAR COUNTY FIRE MARSHAL'S OFFICE. I ALSO UNDERSTAND THAT IF A NOTICE OF VIOLATION IS OR HAS BEEN ISSUED FOR STARTING WORK WITHOUT FIRST OBTAINING AN APPROPRIATE PERMIT, THE APPLICATION FEES WILL BE INCREASED, POSSIBLY UP TO TWICE OF THE ORIGINAL PERMIT FEE, AS PROVIDED IN THE ADOPTED COUNTY FIRE CODE AND COMMISSIONERS COURT ORDER.

Initial: _____

ALL FEES PAID TO THE BEXAR COUNTY CLERK ARE NON-REFUNDABLE. **Initial:** _____

_____ _____

Signature of Responsible Party / Printed Name **Date**

FOR OFFICE USE ONLY

Date Received:	*ER Facility ID#:*	*CofO Insp. Fee:*	*Check/M.O. #:*	*Receipt #:*	*Received By:*	*Deposit to:*
						☐ 007

Date Completed:	*Map Grid*	*Pct #/ Insp Dist.*	*Bldg Group Classification*	*Occupant Load*

Work-Authorizations Required?	*Building Permit Required?*	*Sprinkler System Required?*	*Fire Alarm Required?*
Yes / No	*Yes / No*	*Yes / No*	*Yes / No*