Print Form

BEXAR COUNTY FIRE MARSHAL'S OFFICE

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

APPLICATION FOR KNOX EQUIPMENT AUTHORIZATION

SECTION A: PROJECT INFORMATION			
Name of Building Project	Address of Project	City	Zip Code
Name of Building Owner/Company	Owner's Business Address	City	State

Phone # of Business Owner/Company	Fax # of Business Owner/Company	Email Address of Business Owner	Business Zip

KNOX ORDER/CONFIRMATION NUMBER

PLACE YOUR ORDER ONLINE AT KNOXBOX.COM. A COPY OF YOUR ORDER MUST BE ATTACHED TO THIS APPLICATION, ACCOMPANIED BY A **NON-REFUNDABLE** APPLICATION FEE AS REQUIRED BY THE FEE SCHEDULE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE **"BEXAR COUNTY CLERK".**

SECTION B: BRIEFLY EXPLAIN THE USE OF THE BUILDING OR FACILITY BELOW

SECTION C: CONTRACTOR / BUILDER INFORMATION (IF REQUIRED)			
Contracting Company	Contracting Company Address	Contracting Company City/State	Zip Code

Name of Person making application:	Phone #:	Email Address:	License #:
	( )		

Job Superintendent/Foreman	Phone #	Cell Phone #	Email Address
	( )	( )	

I have read the completed application and know the same to be true and correct and hereby agree that if authorization is granted, all provisions of the applicable County Fire Code will be complied with whether herein specified or not.

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

_____ **Signature of Responsible Party**

_____ **Printed Name of Responsible Party**

_____ **Date**

FOR OFFICE USE ONLY

Date Received:	*ER Facility ID #:*	*Building Permit #:*	*Building/Space/Suite/#*	*BCFMO District #:*
Permit Fee:	***Check/M.O. #:***	***Receipt #:***	***Received By:***	***Deposit to:***
$				☐ 001

BCFMO Rev. May 2019