



## Williamson County Emergency Services District #5

Jarrell Fire & Rescue  
P.O. Box 88  
Jarrell, TX 76537

### APPLICATION FOR PLAN REVIEW

#### AUTHORITY AND PURPOSE

Reviews of the plan(s) for the project specified are for the purpose of ensuring that improvements are designed, implemented, and constructed in accordance with the **FIRE CODE** in Williamson County Emergency District No. 5. The District is authorized by state law to assure compliance with, and enforcement of the regulations and codes which promote the health and safety of those persons within the territory of the district.

*\*The fire code official is authorized to require the owner or agent to provide, without charge to the District, and at the sole cost and expense of the owner or agent, a Third Party Review for permits, approvals, inspections, or plans submitted to the District for approval. Any Third Party Review required by the District will be conducted by an entity of the fire code official's choice.*

X	REQUESTED PLAN REVIEW	FEES	\$ PAID & DATE
	Site Plan	\$150.00	
	New Building Plan / Each Additional Resubmittal	\$100.00 + \$0.10 / Sq. Ft. \$75.00	
	New Building- Shell Only	\$100.00	
	New Building- Finish Out	\$100.00	
	Existing Building Re-model	\$150.00	
	*Fire Alarm Plan / Occupancy	\$100.00 + \$0.25 / device	
	*Fire Sprinkler Plan / Occupancy	\$100.00 + \$0.25 / device	
	*Fire Standpipe Plan / 1-4 outlets / Occupancy Each additional 1-4 outlets / Occupancy	\$200.00 \$100.00	
	Fire Sprinkler Plan (1 & 2 Family Dwelling Only)	Free	
	Above Ground Water Tank (fire flow)	\$150.00	
	Above Ground Fuel Storage Tank	\$100.00	
	Firefighter Air Replenishment System	\$100.00	
	Hood System Plan/Test	\$100.00	
	Paint Booth Plan/Test	\$100.00	
	Subdivision Plan	\$150.00 / section / phase	
	Subdivision Plat	\$125.00	
	Fireworks / Pyro-techniques	\$50.00	
	Hazardous Materials (Up to 3 hours)	\$200.00	
	Each Additional Re-submittal / Per Plan	\$75.00	

**All fees must be paid before plans are signed, inspections cleared, or permits issued.**

**Make checks payable to:**

***WILLIAMSON COUNTY EMERGENCY SERVICES DISTRICT #5***

Date plans submitted for plan review: \_\_\_\_\_

Plans submitted by: (Firm name, Contact Person, Phone #, Fax #, email)

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\_\_\_\_\_  
\_\_\_\_\_

Project Owner: (Firm Name, Contact Person, Phone#, Fax #, email)

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\_\_\_\_\_  
\_\_\_\_\_

Project Address \_\_\_\_\_

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