



Red Oak Fire Rescue

Fire Marshal's Office
547 N. Methodist St.
Red Oak, Texas 75154
Phone (469) 218-7713 Direct (469) 218-7712
Fax (469) 218-7719
www.redoakfirerescue.com



Operational Permit Application for Care Facilities

Residential Assisted Living
Commercial Assisted Living
Commercial Day Care
Nursing Home
Hospital/ER

PLEASE REVIEW THE INSPECTION REQUIREMENTS FOR THE FACILITY YOU ARE SEEKING A PERMIT FOR

Date of Application: _____

Care Facility Information:

Business Name: _____

Physical Address: _____

Mailing Address: _____

Phone No.: _____ Fax No.: _____

Facility Owner's Information:

Owner's Name: _____ Phone No.: _____

Home Address: _____

Email: _____

Property Information:

Are You Renting Or Leasing The Property(Check One): YES NO

Owner of Building/Property: _____ Phone No.: _____

Owner's Address: _____

Email: _____

Property Owner's Signature (Sign & Print): _____

Facility Details:

Building to Be Used As (Check One): Nursing Home Assisted Living Commercial Day Care Other

If Other, Please Explain: _____

Do you have a Special Use Permit (SUP) or letter from the Planning Department (Check One): YES NO

Square footage of building or leased space: _____ Square footage of living space: _____

Will this Be A 24-Hour facility (Check One): YES NO If no, what are the hours of operation: _____

Please classify the evacuation capability of your occupants (Check One): Slow Prompt Impractical

Is this a change of ownership (Check One): YES NO

Total number of people you will be providing care or supervision for: _____

- How many people are capable of self-preservation: _____
- How many people are not capable of self-preservation: _____
- How many people are restricted in their mobility: _____
- How many children are under 2½ years of age: _____
 - o If a multi-level building, what floor level will they be cared for on: _____
 - o Does the primary room for which the children will be care for in have direct egress to the Outside (check one): YES NO

Will you be preparing meals at the location? YES NO

If a day care, do you plan on having more than five (5) persons? YES NO

How many children/adults (Please Circle One) are you licensed for? _____

NOTE: Owner/Owner's Agent Hereby Grants Red Oak Fire Code Official the Authority to Enter Area(S) Covered by Permit Granted per This Application to Enforce Provisions Related to This Permit.

I hereby certify that I have completed this questionnaire, I am an authorized agent of the named business, and I know the information contained herein to be true and correct.

Name (Please Print): _____

Signature: _____ Date: _____

Should any inspection fail for noncompliance with City Codes a second inspection is required, and an additional fee of \$50.00 will be charged. This fee will increase by \$25.00 for each subsequent re-inspection.

A FLOORPLAN WITH THE SQUARE FOOTAGE OF EACH ROOM MUST BE PROVIDED WHEN SUBMITTING A PERMIT APPLICATION.

OFFICE USE ONLY

Payment Type: _____ Amount: _____ Processed By: _____