

# Fire Protection Hazardous Material Permit Application

**Fire Marshal's Office  
Buda Fire Department**



Date of Application: \_\_\_\_\_

Permit Number: \_\_\_\_\_

P.O. Box 1159

Buda, Texas 78610

E-mail: [Inspections@budafire.org](mailto:Inspections@budafire.org)

Office 512-295-2232

Fax 512-295-2848

## Business Information

Business Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address

Suite No.

City

State

Zip Code

Main Phone Number: \_\_\_\_\_ Date Business Began Operations at this Location: \_\_\_\_\_

Principal Business Activity: \_\_\_\_\_

Times of Operation (AM/PM): \_\_\_\_\_ Number of Shifts: \_\_\_\_\_ Total Employees: \_\_\_\_\_

Number of OSHA 1910.120 Emergency Response Team (ERT) personnel on-site each shift: \_\_\_\_\_

## Principal Contact - Person Responsible for Obtaining Permit / Answering Application Questions

Note: International Fire Code 2703.9.1.1 requires a representative, knowledgeable about operations in the on-site hazardous materials areas, to be responsible for liaison with the local Code Enforcement Officer of Buda Fire Department. Permit Renewal Notices will be mailed to this person. In addition, requests for Material Safety Data Sheets, Hazmat/Fire Inspection results, preplanning information for emergency responses, etc. will be directed to this on-site representative when necessary.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## Emergency Contacts - 24 hour basis

Name: \_\_\_\_\_ Hm. Ph. \_\_\_\_\_ Pager \_\_\_\_\_ Cellular \_\_\_\_\_

Name: \_\_\_\_\_ Hm. Ph. \_\_\_\_\_ Pager \_\_\_\_\_ Cellular \_\_\_\_\_

Name: \_\_\_\_\_ Hm. Ph. \_\_\_\_\_ Pager \_\_\_\_\_ Cellular \_\_\_\_\_

## Responsible Official - Business Owner, Manager, President, General Manager, etc.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I certify that the information above and on the following parts is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Send to:**  
**Buda Fire Department**  
**Fire Marshal's Office**  
**P.O. Box 1159**  
**Buda, Texas 78610**

## Fire Marshal's Office Use Only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Amount Paid \$: \_\_\_\_\_ Check #: \_\_\_\_\_

Approval by: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Date: \_\_\_\_\_