



BUREAU OF FIRE PREVENTION
FORT WORTH CITY HALL – LOWER LEVEL
1000 THROCKMORTON ST.
FORT WORTH, TEXAS 76102
PHONE: (817) 392-6840 FAX (817) 392-6867
www.fortworthtexas.gov/fire

HAZARDOUS MATERIALS FACILITY CONSTRUCTION PERMIT						
PERMIT #:			DATE:		PB #:	
CONTRACTOR INFORMATION			PROJECT INFORMATION			
COMPANY NAME:			NAME:			
APPLICANT NAME:			ADDRESS:			
ADDRESS:						
PHONE NUMBER:						
NEW PERMIT (FIRST SUBMITTAL) <input type="checkbox"/>		RESUBMITTAL (PLANS NOT APPROVED) <input type="checkbox"/>		ADDITIONAL REVIEW (APPROVED PLANS) <input type="checkbox"/>		
REASON FOR ADDITIONAL REVIEW:						
OCCUPANCY GROUP:	H-1 <input type="checkbox"/>	H-2 <input type="checkbox"/>	H-3 <input type="checkbox"/>	H-4 <input type="checkbox"/>	H-5 <input type="checkbox"/>	OTHER (DESCRIBE BELOW) <input type="checkbox"/>
PROJECT INVOLVES:	NEW CONSTRUCTION <input type="checkbox"/>		RENOVATION OF EXISTING H <input type="checkbox"/>		REMOVAL OR CLOSURE <input type="checkbox"/>	OTHER (DESCRIBE BELOW) <input type="checkbox"/>

Other Work Description:

PERMIT FEES

HAZ MAT CONSTRUCTION PERMIT:

\$350.00 PER GROUP H OCCUPANCY *

PLAN SUBMITTAL REQUIRED FOR ALL PERMIT APPLICATIONS. See checklist on Page 2.

*FOR EXAMPLE, AN H-2 OCCUPANCY IN ONE AREA OF A BUILDING, AND AN H-3 IN ANOTHER AREA WOULD REQUIRE TWO SEPARATE PERMITS. AN H OCCUPANCY IN TWO SEPARATE BUILDINGS WOULD ALSO REQUIRE TWO SEPARATE PERMITS. FEE INCLUDES ONE SUBMITTAL REVIEW, ONE PERMIT, AND ONE INSPECTION. AFTER INITIAL INSPECTION, A FEE OF \$110.00 PER HOUR FOR EACH INSPECTION WILL BE CHARGED. RESUBMITTAL FEE IS ONE-HALF OF THE FIRST SUBMITTAL FEE. EACH ADDITIONAL REVIEW WILL BE \$200.00

APPLICABLE IFC AND IFC STANDARDS AS AMENDED BY THE CITY OF FORT WORTH REQUIRE SPECIFIC ITEMS TO BE PROVIDED FOR PLAN REVIEW. THE CONTRACTOR IS OBLIGATED TO PROVIDE ALL RELEVANT INFORMATION. THE CONTRACTOR SHALL INDICATE BY PLACING A MARK (x) OR THE LETTER 'Y' IN EACH BOX THAT THE REQUIRED INFORMATION IS INCLUDED WITH THE SUBMITTAL. IF SPECIFIC INFORMATION IS NOT REQUIRED FOR THE PROJECT, THE CONTRACTOR SHALL SO INDICATE BY PLACING THE LETTERS 'NR' IN THE APPROPRIATE BOX AND STATE WHY THE INFORMATION IS NOT REQUIRED. ALL BOXES MUST BE FILLED OUT. THE BUREAU OF FIRE PREVENTION WILL **NOT** ACCEPT AN INCOMPLETE CHECKLIST.

	PROVIDE ON <u>ALL</u> PLANS:
	NAME OF CONTRACTOR, ORIGINAL SIGNATURE OF APPLICANT, AND PERMIT NUMBER
	ALL OCCUPANT/OWNER INFORMATION IS PROVIDED (i.e. NAMES, ADDRESSES, PHONE NUMBERS)
	ALL GRAPHICAL INFORMATION IS PROVIDED (i.e. SCALE, POINTS OF COMPASS, MATCHLINES, ETC.)
	ALL RELEVANT BUILDING INFORMATION IS PROVIDED, AS NECESSARY.
	DRAWING IS TO SCALE INDICATING DISTANCES TO BUILDINGS, PROPERTY LINES, PUBLIC WAYS, ETC.
	PROVIDE A THOROUGH FIRE CODE ANALYSIS OF CHAPTER 27 AND OTHER CHAPTERS, AS APPLICABLE, TO IDENTIFY COMPLIANCE WITH ALL APPLICABLE SECTIONS OF THE FORT WORTH FIRE CODE.
	HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS) PROVIDED. (SEE PAGE 3 FOR SAMPLE HMIS STATEMENT.)
	HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP) PROVIDED. (REFERENCE SECTION 2701.5.1 OF FORT WORTH FIRE CODE FOR INSTRUCTIONS.)
	ON SITE PLAN, INDICATE ALL FIRE PROTECTION EQUIPMENT LOCATIONS, CONTROL AREA WALLS, SECONDARY CONTAINMENT LOCATION (AND VOLUMETRIC CAPACITY CALCULATION), EMERGENCY ALARM LOCATIONS, TANK LOCATIONS (SEPARATE PERMIT REQUIRED), HAZ MAT SIGNAGE (NFPA 704) LOCATIONS, EXPLOSION CONTROL LOCATION/INFORMATION, VENTILATION INFORMATION, EMERGENCY/STANDBY POWER INFORMATION, AND ANY OTHER APPLICABLE FIRE CODE REQUIRED INFORMATION PERTINENT.
	NOTE THAT THE FORT WORTH FIRE CODE INCLUDES SPECIFIC AMENDMENTS TO THE INTERNATIONAL FIRE CODE. IDENTIFY COMPLIANCE WITH ALL SUCH APPLICABLE REQUIREMENTS.
	PROVIDE A DESCRIPTIVE SCOPE OF WORK.

NOTE: SEPARATE PERMIT IS REQUIRED FROM FIRE DEPARTMENT BY APPROPRIATELY LICENSED FIRE PROTECTION CONTRACTOR FOR FIRE PROTECTION SYSTEMS, AS PER THE FORT WORTH FIRE CODE. OTHER POTENTIAL FIRE DEPARTMENT CONSTRUCTION PERMITS INCLUDE: COMPRESSED GAS TANKS, FLAMMABLE AND COMBUSTIBLE LIQUIDS, INDUSTRIAL OVENS, LP GAS TANKS/FACILITIES, ACCESS CONTROL SYSTEMS, ETC.

I HEREBY CERTIFY THAT THE SUBMITTED PLANS CONTAIN ALL RELEVANT INFORMATION REQUIRED BY THE CITY OF FORT WORTH CODES AND STANDARDS.

SIGNATURE: _____
(MUST BE SIGNED BY PERMIT APPLICANT)

PRINT NAME: _____ TELEPHONE # _____

HAZARDOUS MATERIALS INVENTORY STATEMENT (HMIS)

The objective of the HMIS is to obtain the information necessary to evaluate the amount of hazardous material present, based on its classifications, against the allowable quantities indicated in Chapter 27 of the Fort Worth Fire Code to determine the potential for a Group H occupancy. Please note if these hazardous materials are stored in separate control areas, as allowed by the Fire Code.

The Fort Worth Fire Department requires an HMIS statement as referenced in Chapter 27 and based on the Hazard Categories indicated in Appendix E of the Fort Worth Fire Code. The following is an example format that would be acceptable for submitting such information:

1. Business Name: _____

2. Address: _____

3. Declaration: Under penalty of perjury, I declare the above and subsequent information, provided as part of the hazardous materials inventory statement, is true and correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____

(Must be signed by owner/operator or designated representative)

(1) HAZARD CLASS	(2) COMMON/TRADE NAME	(3) CHEMICAL NAME, COMPONENTS AND CONCENTRATION	(4) CHEMICAL ABSTRACT SERVICE NO.	(5) PHYSICAL STATE	(6) MAXIMUM QUANTITY ON HAND AT ANY TIME	(7) UNITS	(8) DAYS ON SITE	(9) STORAGE CODE (TYPE PRES., TEMP.)	(10) SARA CLASS	(11) ANNUAL WASTE THROUGHPUT

The above information shall be based on the following criteria:

1. You must complete a separate inventory statement for all waste and non-waste hazardous materials. List all hazardous materials in alphabetical order by hazard class.
2. Inventory Statement Instructions:

Column	Information Required
1.	Provide hazard class for each material, based on Hazard Categories classification of Appendix E in The Fort Worth Fire Code, i.e. Flammable Liquid Class 1A, Oxidizer Class 3, Highly Toxic, Corrosive, Combustible Dust, etc.
2.	Non-waste. Provide the common or trade name of the regulated material.
3.	Waste. In lieu of trade names, you may provide the waste category.
3.	Provide the chemical name and major constituents and concentrations, if a mixture.
4.	Enter the chemical abstract service number (CAS number) found in 29 C.F.R. for mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS numbers of as many constituent chemicals as possible.
5.	Enter the following descriptive codes as they apply to each material. You may list more than one code, if applicable. P = Pure M = Mixture S = Solid L = Liquid G = Gas
6.	Provide the maximum aggregate quantity of each material handled at any one time by the business. For underground tanks, list the maximum volume [in gallons (liters)] of the tank.

7. Enter the units used in Column 6 as:
 LB = Pounds
 GA = Gallons
 CF = Cubic Feet
8. Enter the number of days that the material was present on site (during the last year).
9. Enter the storage codes below for type, temperature and pressure.
Type
 A = Aboveground Tank
 B = Belowground Tank
 C – Tank inside Building
 D = Steel Drum
 E = Plastic or Nonmetallic Drum
 F = Can
 G = Carboy
 H = Silo
 I = Fiber Drum
 J = Bag
 K = Box
 L = Cylinder
 M = Glass Bottle or Jug
 N = Plastic Bottles or Jugs
 O = Tote Bin
 P = Tank Wagon
 Q = Rail Car
 R = Other
Temperature
 4 = Ambient
 5 = Greater than Ambient
 6 = Less than Ambient, but not Cryogenic [less than -150°F (-101.1°C)]
 7 = Cryogenic conditions [less than -150°F (-101.1°C)]
Pressure
 1 = Ambient (Atmospheric)
 2 = Greater than Ambient (Atmospheric)
 3 = Less than Ambient (Atmospheric)
10. For each material listed, provide the SARA hazard class as listed below. You may list more than one class. These categories are defined in 40 C.F.R. 370.3.
Physical Hazards
 F = Fire
 P = Sudden Release of Pressure
 R = Reactivity
Health Hazards
 I = Immediate (Acute)
 D = Delayed (Chronic)
11. Waste Only. For each waste, provide the total estimated amount of hazardous waste handled throughout the course of the year.

GROUP H OCCUPANCY DETERMINATION TABLE

HAZARD CLASS	PHYSICAL STATE	TOTAL QUANTITY OF THIS HAZARD	UNITS	# OF CONTROL AREAS	SPRINKLERED (Y/N)	APPROVED STORAGE CABINET (Y/N)	ALLOWABLE QUANTITY PER CHAPTER 27 OF FIRE CODE (SAME UNITS)

Please note that after receipt of this information, additional information may still be required for confirmation of Fire Code compliance in some cases, such as the submittal of a Hazardous Materials Management Plan (HMMP), as per Appendix H of the 2021 IFC.