



**ENNIS**  
TEXAS

*The bluebonnet spirit of Texas*

**CERTIFICATE OF OCCUPANCY  
GUIDELINES AND APPLICATION**



## **City of Ennis Certificate of Occupancy Checklist**

- Obtain and Complete Certificate of Occupancy Packet.
- Texas State Sales Tax Certificate (permanent or temporary) listing "Ennis, Texas" address within one of the following zip codes: 75119, 75120 and must be an official/original certificate obtained through the Texas Comptroller's Office <https://comptroller.texas.gov>
- Remit payment to City Hall 107 N. Sherman St or online at <https://www.municipalonlinepayments.com/ennistx>
- Return Completed Packet to City of Ennis Planning & Development (108 West Knox St)
- City Staff will contact customer to schedule a time for a Certificate of Occupancy Inspection
- Scheduled inspection Building compliance, Health & Food if applicable, and Fire.
- Email will be sent to applicant for completed inspections (electrical meter, water and occupancy)
- Make payment for water meter and services at City Hall Billing Dept.
- Re Inspection completed if necessary for prior violations on original inspection
- City Staff will contact customer to pick up Printed Certificate of Occupancy (108 West Knox)
- Please display Printed Certificate of Occupancy in business to be visible to public
- If any questions, please contact City of Ennis Inspection at (972) 875-6442 or the Fire Marshal's Office (972) 875-1214 ext. 2242



P.O. Box 220•Ennis, Texas 75120•(972) 878-1234•FAX (972) 872-9817

### CERTIFICATE OF OCCUPANCY

**\*\*\*\*\*DO NOT WRITE IN THIS BOX\*\*\*\*\***

New Tenant                                       Name Change                                       Existing Occupancy  
 Temporary Utility \*\*                                       Ownership Change

ZONING \_\_\_\_\_ OCCUPANCY LOAD \_\_\_\_\_ SPECIAL CONDITIONS \_\_\_\_\_  
OCCUPANCY GROUP: \_\_\_\_\_ TYPE OF CONST \_\_\_\_\_  
PERMIT NO: \_\_\_\_\_ APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ Business PHONE # \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_ Business FAX # \_\_\_\_\_  
SQ FOOTAGE OF OCCUPIED SPACE \_\_\_\_\_  
TYPE OF BUSINESS/USAGE \_\_\_\_\_

<b>TENANT INFORMATION</b>	<b>PROPERTY OWNER INFORMATION **</b>
Name(s): _____	Name(s): _____
Home Phone #: _____	Phone #: _____
Home Address: _____	Address: _____
City / ST / Zip _____	City / ST / Zip _____
Fax #: _____	Fax #: _____
E-Mail: _____	E-Mail: _____

<b>SITE USAGE</b> CHECK ALL THAT APPLY	<input type="checkbox"/> Flammable/Combustible Liquids <input type="checkbox"/> Spray Painting <input type="checkbox"/> Hazardous/Toxic Chemicals <input type="checkbox"/> Warehouse Storage <input type="checkbox"/> Food Preparation <input type="checkbox"/> Alcoholic Beverages Served <input type="checkbox"/> Septic Tank	<input type="checkbox"/> New Connection to City Sewer <input type="checkbox"/> Outdoor Display <input type="checkbox"/> Outdoor Storage <input type="checkbox"/> Vehicle Washing <input type="checkbox"/> Dumpster <input type="checkbox"/> Signage - <b>REQUIRES SEPARATE PERMIT</b>
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\* Signing of this application does not authorize occupancy of the space and/or structure. If the premise is used or occupied before a Certificate of Occupancy is issued, the Owner/Applicant agrees that A CITATION WILL BE ISSUED and utilities will be disconnected without notice.

Property Owner / Applicant Initials \_\_\_\_\_

**A copy of the applicant's driver's license must be submitted with the application.**

Revised 03.13.13

**DO NOT PROCEED WITH OCCUPANCY OF  
PROPERTY UNTIL APPROVED BY CITY STAFF**



P.O. Box 220•Ennis, Texas 75120•(972) 878-1234•FAX (972) 872-9817

**CERTIFICATE OF OCCUPANCY  
APPLICATION APPROVAL PROCESS**

This Certificate of Occupancy (C/O) Application must be completed in full, signed and dated; then can be submitted in person or via fax, postal service, e-mail.

The Inspections Department reviews the application and determines the zoning of the property and if the usage is allowable for the zoning district. Additional information or planning process may be necessary dependent upon the review and/or usage.

Upon approval of the application, the applicant will be contacted and the C/O Inspection will be performed.

Food establishments and/or food handling businesses are required to contact the City of Ennis Health Department for separate permitting and inspection procedures by calling (972) 878-1234.

**INSPECTIONS (not limited to)**

If inspection is not approved by the City Inspector or Fire Marshal, the owner/applicant is required to make all necessary changes to conform to the requirements of all adopted codes of the City of Ennis (including, but not limited to, Zoning, Building, Electrical, Mechanical, Plumbing, and Fire). Failure to approve corrections and/or changes within ten (10) days after such inspection, the City of Ennis may issue a citation and discontinue utility service to the property until such changes are made and approved by City Inspector.

**Applicant Initials** \_\_\_\_\_

**PERM POWER INSPECTION and/or \*\*TEMPORARY UTILITY**

Power must be on in order for the Fire and C/O inspections to be performed. In the event electricity has been turned off by the utility company, then a "Perm Power" inspection is required. Once this inspection passes, the applicant will need to contact the utility provider to have service re-connected.

\*\* Requested time for Temporary Utility  
(circle one)

7 days

15 days

30 days

other \_\_\_\_\_

Reason for request: \_\_\_\_\_

**C of O INSPECTION-PLEASE READ THESE REQUIREMENTS**



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### **CERTIFICATE OF OCCUPANCY**

Prior to issuing the Certificate of Occupancy, the Building Inspector and/or Fire Marshal shall inspect the premises for emergency lights, exit lights, smoke detectors and items related to health and safety. This consists of checking the proposed business for compliance with applicable building, fire, health, plumbing, mechanical electrical and any other codes as adopted by the City of Ennis.

### **REVOCAION OF CERTIFICATE OF OCCUPANCY**

I, the undersigned, release and agree to indemnify and hold harmless the City of Ennis from any and all liability of every kind and nature for damage to person(s) and/or property which may occur from premise or from failure to inspect premise.

I also understand the Building Official may, in writing, suspend or revoke a Certificate of Occupancy issued under the provisions of this ordinance whenever the Certificate of Occupancy is issued in error, or on the basis of incorrect information supplied, or when it is determined the building or structure or portion thereof is in violation of any code, regulation or ordinance.

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Applicant Signature

Date

---

Print Name

Revised 03.15.13

**CITY OF ENNIS  
DEPARTMENT OF HEALTH SERVICES**

**CONTACT INFORMATION:**

**Mailing Address:** P.O. Box 220 Ennis, Texas 75120

**Physical Address:** 105 S. Preston Street Ennis, Texas 75119

**Phone:** (972) 875-6442 **Fax:** (972) 875-8540

**Email:** [healthdept@ennistx.gov](mailto:healthdept@ennistx.gov)

**Website:** <http://www.ennistx.gov/Health-Department/>



The bluebonnet spirit of Texas

CITY OF ENNIS

DEPARTMENT OF HEALTH SERVICES

P.O. Box 220 • Ennis, Texas 75120 PHONE: (972) 875-6442 FAX: (972) 875-8540

Website: http://www.ennistx.gov

Email: healthdept@ennistx.gov

Permanent Fixed Facility Food Establishment Permit Application

Annual Renewal [ ] New Owner [ ] Name Change [ ] Remodel Permit [ ]
(Please check one above) NOTE: Complete Application must be returned with Payment and Sales Tax I.D.

(Application must be submitted at least 30 days before the planned opening date) - Please Type or Print Firmly, All Lines Must be Complete for Acceptance -

1) Establishment Name:
2) Establishment Address:
3) Establishment Billing Address (if different):
4) Establishment Telephone No: Establishment Fax No:
5) Applicant Name & Title:
6) Applicant Address:
7) Applicant Telephone No: 24 Hour Emergency No./ Cell:
8) E-mail address:
9) Owner Name & Title (if different from applicant):
10) Owner Address (if different from applicant):
11) Days and Hours of Operation:
12) Total Number of Food Service Employees:
13) Number of Employees that are Certified Food Handler/ Managers:
14) Seating Capacity
15) Style of Service (Please check all that apply)
16) Establishment Type (Please check all that apply)
17) (Complete this section if planning to remodel or add/ remove major equipment) Will the number or location of any sinks or plumbing change?

CERTIFIED STATEMENT - SIGNING BELOW ATTESTS TO EACH OF THE FOLLOWING STATEMENTS:

- I UNDERSTAND THAT AFTER THIS APPLICATION HAS BEEN FILED, THE PERMIT FEE WILL NOT BE REFUNDED REGARDLESS OF APPROVAL OR DENIAL OF THE PERMIT, AND THAT THE PERMIT IS NOT TRANSFERABLE.
I UNDERSTAND THAT ANY PERMIT GRANTED ON THIS APPLICATION MAY BE SUSPENDED OR REVOKED AND THAT FAILURE TO COMPLY WITH THE CODE OF ORDINANCE SHALL BE DEEMED SUFFICIENT CAUSE FOR THESE AND OTHER ENFORCEMENT ACTIONS TO THE BEST OF MY KNOWLEDGE ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.
SHOULD ANY OF THE INFORMATION GIVEN ON THIS APPLICATION CHANGE OR BECOME IN ANY WAY INVALID, I WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES IN WRITING WITHIN FIFTEEN (15) DAYS OF THAT CHANGE.

(INCLUDE A COPY OF YOUR CURRENT SALES TAX ID)

FOR OFFICE USE
Permit #
Date Received:
Amount Received:
Date Mailed
Processed By:

16) Signature of Applicant: Date of Application

17) Print name:



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**CITY OF ENNIS  
DEPARTMENT OF HEALTH SERVICES**

**FEE SCHEDULE**  
*(Effective October 1, 2014)*

**NOTE: Inspection Services  
Department Fee for Certificate  
of Occupancy: \$150.00**

<b>Departmental Category</b>	<b>Fee</b>
Retail Food Establishment Permit	\$275.00/year
Grocery Store Permit	\$500.00/year
Convenience store with only pre-packaged food items Permit	\$150.00/year
Mobile Food Units	\$150.00/each/year
Temporary event	\$50.00/per booth/event
Temporary @ Farmers Market	\$50.00/per booth/season
Non-profit Temporary Food Booths	Fee Exempt
Recreational Clubs Permit	\$150.00/year
Certified Food Manager Registration	\$30.00/ per manager
Certified Food Manager Training Class <i>(State Approved)*</i>	\$140.00/ per manager trained
Food Handler Training Class <i>(State Approved)</i>	\$20.00/ per food handler employee trained

**Prorated Fee**

All permits are for calendar year (**January 1st to December 31st**). Food establishments which begin operation between January 1st and July 1st pay fee, as listed above.

Food establishments which do not begin operations until **after July 1st** pay half of the permit fee listed above.

**Late Fee**

Annual renewal notices shall be mailed no later than December 1st of each year. Food establishments who fail to renew permit shall be charged a fifty dollar (\$50.00) late fee if renewal is received after January 15th.

\*The City of Ennis Department of Health Services offers online classes at:  
<http://www.ennistx.gov/Health-Department/>

**Click on: Food Safety Training**





The blue and gold spirit of Texas

# CITY OF ENNIS

## DEPARTMENT OF HEALTH SERVICES

P.O. Box 220 • Ennis, Texas 75120 PHONE: (972) 875-6442 FAX: (972) 875-8540

Website: <http://www.ennistx.gov>

Email: [healthdept@ennistx.gov](mailto:healthdept@ennistx.gov)

### Permanent Fixed Facility Food Establishment Permit Application

Annual Renewal <input type="checkbox"/>	New Owner <input type="checkbox"/>	Name Change <input type="checkbox"/>	Remodel Permit <input type="checkbox"/>
(Please check one above) <b>NOTE: Complete Application must be returned with Payment and Sales Tax I.D.</b>			

(Application must be submitted at least 30 days before the planned opening date)  
- Please Type or Print Firmly, All Lines Must be Complete for Acceptance -

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Billing Address (if different):	
4) Establishment Telephone No: _____ Establishment Fax No: _____	
5) Applicant Name & Title:	
6) Applicant Address:	
7) Applicant Telephone No: _____ 24 Hour Emergency No./ Cell: _____	
8) E-mail address:	
9) Owner Name & Title (if different from applicant):	
10) Owner Address (if different from applicant):	
11) Days and Hours of Operation: <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT _____ to _____ to _____ to _____ to _____ to _____ to _____ to _____	14) Seating Capacity <input type="checkbox"/> Zero (0) <input type="checkbox"/> 1-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 200+
12) Total Number of Food Service Employees: _____	15) Style of Service (Please check all that apply) <input type="checkbox"/> Quick service/Take out/Drive-thru <input type="checkbox"/> Delivery <input type="checkbox"/> Buffet/Self-serve <input type="checkbox"/> Table service <input type="checkbox"/> Cafeteria-style <input type="checkbox"/> Other _____
13) Number of Employees that are Certified Food Handler/ Managers: _____ / _____	
16) Establishment Type (Please check all that apply) Full Menu: <input type="checkbox"/> Restaurant <input type="checkbox"/> School, Hospital, Childcare or Institution <input type="checkbox"/> Caterer <input type="checkbox"/> Other _____ Limited Menu: <input type="checkbox"/> Espresso/ Coffee <input type="checkbox"/> Tavern or Winery <input type="checkbox"/> Seasonal or Concession Stand Retail: <input type="checkbox"/> Grocery/Convenience Store <input type="checkbox"/> Deli <input type="checkbox"/> Meat <input type="checkbox"/> Seafood <input type="checkbox"/> Bakery <input type="checkbox"/> Produce <input type="checkbox"/> Pre - Packaged Foods Only	<b>If New Please Attach a Copy of Your Menu</b>
17) (Complete this section if planning to remodel or add/ remove major equipment) Will the number or location of any sinks or plumbing change? <input type="checkbox"/> Yes <input type="checkbox"/> No Will any refrigeration, cooking, hot holding, or washing equipment be moved, added, or removed? <input type="checkbox"/> Yes <input type="checkbox"/> No Will any wall, floor, or ceiling finishes change? <input type="checkbox"/> Yes <input type="checkbox"/> No or Other Physical Changes _____	

#### CERTIFIED STATEMENT - SIGNING BELOW ATTESTS TO EACH OF THE FOLLOWING STATEMENTS:

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- TO THE BEST OF MY KNOWLEDGE ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.
- SHOULD ANY OF THE INFORMATION GIVEN ON THIS APPLICATION CHANGE OR BECOME IN ANY WAY INVALID, I WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES IN WRITING WITHIN FIFTEEN (15) DAYS OF THAT CHANGE.

**(INCLUDE A COPY OF YOUR CURRENT SALES TAX ID)**

#### FOR OFFICE USE

Permit #
Date Received:
Amount Received:
Date Mailed
Processed By:

16) Signature of Applicant: \_\_\_\_\_ Date of Application \_\_\_\_\_

17) Print name: \_\_\_\_\_



Food Est. \_\_\_\_\_ Address \_\_\_\_\_

Water heater capacity: \_\_\_\_\_ gallons.  
Hot water temperature: \_\_\_\_\_ °F. Are laundry facilities provided on the premises? Yes No

**WASTEWATER DISPOSAL**

Grease Trap Provided Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_

Grease Trap Size \_\_\_\_\_

Liquid Waste Disposal Co. \_\_\_\_\_ Frequency of Disposal \_\_\_\_\_

**TOILET ROOMS** – Employees 4 M/F Take Out \_\_\_\_\_ Sit Down Patrons # \_\_\_\_\_ 1 per 75 M/F

Type of Food Service:

Sit-down

Take-Out

Are public toilet rooms provided for each sex (75+)?

Yes

No

Are separate and dedicated employee toilet rooms provided?

Yes

No

Specify total number of fixtures in toilet rooms:

Toilets \_\_\_\_\_

Urinals \_\_\_\_\_

Lavatory hand sinks \_\_\_\_\_

Is adequate ventilation provided for in all toilet rooms through screened windows or by exhaust fans? Yes No

Are toilet room doors self-closing?

Yes

No

Are covered refuse containers provided?

Yes

No

**HANDWASHING FACILITIES**

Are hand washing facilities provided in each food preparation, food dispensing and ware-washing area (25 linear feet/ No obstructions)? Yes No NA

*All sinks must be equipped with hot & cold running water supplied through a mixing valve or combination faucet.*

*Hand washing sinks must be installed in a manner to prevent splash from contaminating food and food zones.*

NA

NA

**UTENSIL WASHING**

Type of utensils used: Single Service Multi-use

Method of cleaning and sanitizing: Three compartment sink Automatic Dishwasher Other (Specify) \_\_\_\_\_

Are separate drain boards provided? Yes No NA

Mechanical Dishwasher: Hot Water Chemical Proper ventilation provided. Yes No

**MOP SINK/ UTILITY SINK** Provided Yes No

**STORAGE**

Is sufficient space provided for the storage of food, equipment, utensils and single service articles? Yes No

Will a running water dipper well be provided? Yes No Does the dipper well have an indirect waste line? Yes No

**VENTILATION**

Canopy Ventilator (updraft) Overhangs Exit for exhausted air: roof Side of building NA

**REFRIGERATION**

Are adequate NSF standard refrigeration facilities provided? Yes No

Thermometers (accurate to + 2° F) be provided? Yes No

**HOT HOLDING**

Will facilities be provided for hot holding of potentially hazardous foods? Yes No NA

Will Time as a Public Health Control be utilized? Yes No Procedures and Records Yes No NA

**FOOD PREPARATION**

Is a metal-stemmed dial-type thermometer be provided? (0° F to 220° F) Yes No Coolers/ Freezers Yes No

Does your menu include raw or undercooked foods of animal origin, like hamburgers cooked-to-order, raw sushi, Caesar salad, eggs or other similar foods? Yes No NA

Will modified atmosphere packaging (i.e. vacuum packaging) be conducted? Yes No NA

**SNEEZE GUARDS**

Is a buffet or salad bar be a part of your operation? Yes No NA

Are adequate sneeze guards provided on all serving lines or salad bars? Yes No NA

**REFUSE**

Location of refuse storage area \_\_\_\_\_ dumpster \_\_\_\_\_ Drain Plug \_\_\_\_\_ compactor \_\_\_\_\_ cans \_\_\_\_\_

Service Frequency: M T W T F S S

**GENERAL** Lighting Intensity: at 30" 10fc WIC DryS; 20fc Consumer Self-service 30fc hs, ww, storage,

restr 50fc Food Prep Light Shields Yes No NA

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ PERMITTING STATUS: APPROVED BASED UPON PENDING CORRECTIONS DENIED APPROVED

See Basic Guidelines For Approval of Retail Food Service Establishments at: [www.ennistx.gov](http://www.ennistx.gov) > Health Dept.

**DOORS / WINDOWS:** Self Closing/ Screens Yes No Air Curtains Yes No Pest Control Yes No

**\*Food Preparation or Handling Areas; Utensil Washing Areas; Storage Areas; Restrooms (Employee and Public)**

**\*MATERIALS: Floors, Coved-base, Floor Drains; Walls Finish, Color; Ceilings Finish, Color**

CWMS 3/28/2018



P.O. Box 220•Ennis, Texas 75120•(972) 878-1234•FAX (972) 872-9817

## CERTIFICATE OF OCCUPANCY

### Ennis Fire Department

#### Fire & Life Safety Inspection Checklist

NOTE: THESE ARE SAMPLE ITEMS ONLY AND ARE NOT INTENDED TO BE AN EXHAUSTIVE LIST

#### EXTERIOR:

- ( ) Address must be plainly and clearly posted on the exterior of the building and visible from the roadway.
- ( ) Fire lane (if required) must be clearly marked and easily visible. Weeds, grass and trash from around the building must be kept neat and clean. (Fire hazard).
- ( ) A Knox box must be present with the proper keys inside. You may order at [www.knoxbox.com](http://www.knoxbox.com) or at 888-625-4563, specify Ennis Fire Department keyway. Fire Marshal has authorization forms.

#### INTERIOR:

- ( ) All closets and bathrooms shall open from the inside and outside and a key shall be readily available to unlock them.
- ( ) Hazardous materials and flammable liquids are properly stored.
- ( ) Furnace / heating units are properly vented to the outside.

#### EXITS:

- ( ) Every classroom, meeting room, dining room, etc. must have at least 2 unobstructed ways out (i.e. door, window, etc.).
- ( ) If a building has 2 or more exterior doors, all exterior doors must have lighted exit signs.
- ( ) All exits are kept unlocked and are easily opened, from the inside, at all times the building is occupied.
- ( ) All exit corridors and stairwells must remain unobstructed and maintain the required minimum width.
- ( ) Exit corridors and stairwells must have emergency egress lighting.
- ( ) Primary & Secondary means of exit do not exit through a hazardous area (garage, storage room, kitchen, etc.).

#### HOUSEKEEPING / STORAGE:

- ( ) In classrooms, storage rooms, or anywhere, all combustible (stuff that burns easily) storage must be at least 24" below the ceiling. (18" below all sprinkler heads, if the building has an automatic sprinkler system.)
- ( ) Housekeeping / storage is neat and orderly. Maintain a clear pathway to the rear of all storage rooms.
- ( ) No combustible storage within 36" of all water heaters or other ignition sources (dryers, heaters, etc.).
- ( ) No combustible storage is allowed in mechanical, electrical, or boilers rooms.

#### FIRE PROTECTION SYSTEMS:

- ( ) Fire alarm systems and automatic fire sprinkler systems must have a current inspection tag & be operational, if applicable.
- ( ) Working smoke detectors must be mounted on the ceiling or wall in all exit corridors, stairwells and all rooms used for sleeping purposes. Smoke detectors are required on each level of the building.
- ( ) Smoke detectors are to be tested monthly and a record should be kept of such tests.



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## CERTIFICATE OF OCCUPANCY

- ( ) Fire extinguishers (minimum rating of 2A-10BC) must be inspected annually and properly mounted (at least 4" from the floor and no higher than 5' from the floor).
- ( ) Maximum travel distance from anywhere in the building to a fire extinguisher is 75 feet.
- ( ) A fire extinguisher shall be located in the kitchen area, if any cooking or warming is performed.

### ELECTRICAL:

- ( ) Maintain a minimum of 36" of clearance around the electrical panel. Electrical panel rooms must be labeled.
- ( ) Electrical panels must have the proper cover on them.
- ( ) All breakers must be properly labeled as to what they operate and all empty breaker slots must be plugged.
- ( ) All electrical wiring is in good condition and is enclosed in conduit or junction boxes. All outlets and switches have the proper cover plates. There is no exposed wiring.
- ( ) No extension cords may be used as permanent wiring (to computers, refrigerators, radios, signs, etc.).
- ( ) No multi-plug adaptors, unless they have a built-in circuit breaker.
- ( ) Power strips are acceptable as long as they have a built-in circuit breaker (should be stated on the packaging).

### COMBUSTIBLE DECORATIONS:

- ( ) Combustible (stuff that burns easily) decorations may only cover up to 50 percent of each wall, in the classrooms. Combustible decorations may only cover up to 20 percent of each wall, in the exit corridors.
- ( ) No 3 dimensional combustible decorations are allowed. All wall decorations must be flat against the wall.
- ( ) No combustible decorations are allowed to be hung from the ceiling.
- ( ) No combustible decorations are allowed within 5 feet of an exit door (classroom or corridor) inside or outside.
- ( ) No combustible decorations are allowed on the exit doors.
- ( ) All window and stage curtains must be fire retardant. (fire retardant spray is available at most fabric stores).
- ( ) Keep the container and records of when the curtains were treated.

# ENNIS FIRE DEPARTMENT

## CONTACT INFORMATION

DATE: \_\_\_\_\_ BOX #: \_\_\_\_\_

Company Name _____	
Address _____	
Telephone _____	Fax _____
Email _____	

<b><u>Property Owner Information</u></b>			
Name _____			
Home Address _____			
City _____	State _____	Zip _____	Telephone _____

<b><u>Business Owner Information</u></b>			
Name _____			
Home Address _____			
City _____	State _____	Zip _____	Telephone _____

<b><u>Emergency Call Numbers</u></b>	
1 <sup>st</sup> Contact Name _____	Phone _____
2 <sup>nd</sup> Contact Name _____	Phone _____
Alarm Company _____	Phone _____

**Special Notes/Comments:** \_\_\_\_\_

**Name of Business Previously Located At This Address:** \_\_\_\_\_