



**Williamson County Emergency Services District No.4**  
 Liberty Hill Fire Department  
 301 Loop 332  
 Liberty Hill, TX

**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. 4. 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	TOTAL
	Site Plan	\$175	
	New Building Plan / Each Additional Re-submittal	\$100 + \$0.10 / Sq. Ft. \$50	
	New Building- Shell Only Each Additional Re-submittal	\$100 + \$0.05 / Sq. Ft. \$50	
	New Building- Finish Out	\$100 + \$0.05 / Sq. Ft.	
	Existing Building Re-model	\$140.00	
	*Fire Alarm Plan / Occupancy	\$100 + \$0.25 / device	
	*Fire Sprinkler Plan / Occupancy	\$100 + \$0.25 / device	
	*Fire Standpipe Plan / 1-4 outlets / Occupancy Each additional 1-4 outlets / Occupancy	\$200 \$100	
	Fire Sprinkler Plan (1 & 2 Family Dwelling Only)	Free	
	On-site Fire Flow Tanks(Appendix B or NFPA 1142)	\$150	
	Hood System	\$100	
	Paint Booth	\$100	
	Subdivision Plan	\$150 / section / phase	
	Plat Review (Preliminary and/or Final)	\$150 / section / phase	
	Fireworks / Pyro-techniques	\$250	
	Hazardous Materials (Up to 3 hours)	\$200	
	Each Additional Re-submittal / Per Plan	\$75	
	Other Permits Required by Fire Code	\$75	
	<b>TOTAL AMOUNT DUE</b>	<b>N/A</b>	

*Please allow a minimum of two weeks for WCESD No. 4 to complete the review process. The applicant will be notified upon completion of plan review. Please include email address to be notified. All approved plans must be on job site at all times.*

Date of Plan Submission:	
Firm Name:	
Name of Applicant:	
Applicant's Address:	
Project's Address:	
Email Address:	
Phone Number:	
Fax Number:	

**Fire Department Use Only**

Date of Received: \_\_\_\_\_  
 Fee Due: \_\_\_\_\_  
 Check#: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ or Denied \_\_\_\_\_  
 Date of Completion: \_\_\_\_\_