



LEANDER FIRE DEPARTMENT ANNUAL INSPECTION APPLICATION

(Please print clearly)

Permit ID # _____

Applicant Information

Applicant: _____

Business Name (if applicable): _____

Physical Address: _____

Mailing Address (if different): _____

Daytime Phone: _____ Evening Phone: _____

Fax: _____ Email: _____

Type of Service Provided: (please circle all that apply)

Daycare Center	\$40.00
Group Daycare	40.00
Registered Family Home	40.00
Nursing Home	120.00
Hospital/Clinic	160.00
Foster Care	40.00
Other	40.00 minimum

If other, please specify: _____

****Please allow 5 business days for scheduling of inspection.**

Signature: _____ Date: _____

701 Leander Drive, Leander TX 78641 (512) 528-2752 Fax: (512) 259-0660