



City of Irving Health Permit Application

Application Type: ☐ Annual Renewal ☐ New Permit ☐ Name Change Only

Please complete and return this application and applicable fee to:

City of Irving
Inspections Department
P. O. Box 152288
Irving, TX 75015-2288

or pay in person: Inspections Department
825 W. Irving Blvd., 2nd Floor
Irving, TX 75060

Application for a new certificate of occupancy may be required prior to submission of this permit application. In the event of a name change or ownership change, please notify the City of Irving Inspections Department.

Facility name: _____ Phone: _____

Facility Address: _____ City / State: _____ Zip: _____

Facility Email: _____ Owner Email: _____

Owner's Name / Company: _____ Phone: _____

Renewal Mailing Address: _____ City / State: _____ Zip: _____

PLAN REVIEW - \$125 required for new and extensively remodeled establishments

Co. submitting plans: _____ Contact: _____ Phone: _____

Address: _____ City / State: _____ Zip: _____

PERMANENT FOOD ESTABLISHMENT ☐ Smoking ☐ Non-Smoking Number of employees: _____

☐ Non-potentially hazardous prepackaged food - \$75 ☐ 0 - 10 employees - \$350 ☐ Over 10 employees - \$500

☐ Restaurant ☐ Childcare ☐ Fast food ☐ Deli ☐ Cafeteria ☐ Supermarket

☐ Bakery ☐ Convenience store ☐ Other _____

MOBILE FOOD UNIT ☐ Catering truck - \$200 ☐ Hot/cold truck - \$200 ☐ Pushcart - \$100

Driver's name / address: _____

Driver's license # / state: _____ License plate #: _____ Vehicle / cart #: _____

TEMPORARY FOOD EVENT - \$50 origination fee plus \$5 per day per booth (not to exceed 14 days)

Location: _____ Dates: _____

Booths: _____ Menu Items: _____

CHILDCARE ESTABLISHMENT - copy of license from the State is required (can provide at a later date if pending)

☐ Commercial - \$50 plus \$1 per each child licensed by the State ☐ Registered family home - \$50

☐ Parent's day out - \$50 Director Name (if Commercial): _____

SWIMMING POOL / SPA- \$200 per body of water # Swimming pools _____ # Spas _____

SMOKING ESTABLISHMENT- \$100

☐ This restaurant is in compliance with the ventilation, separation and other requirements as set forth in Chapter 48

☐ This is a Sports Café - existing (built prior to July 17, 1997) that is in compliance as set forth in Chapter 48

NURSING HOME - \$225 - copy of State License and color photo of Administrator required

State License Number: _____ Expiration Date: _____ Maximum number of residents: _____

Name of Administrator: _____

I have submitted the above information for application of a permit from the City of Irving, Inspections Department.
I verify that all of the information submitted is accurate.

Signature _____ Print Name _____ Date _____