



Dallas  
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**SPECIALTY PROPERTY  
RESTAURANT SUPPLEMENT**

**I. GENERAL INFORMATION**

Eff Date \_\_\_/\_\_\_/\_\_\_ Inspection Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Location Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Operation (check one):**

- Family Style
- Fine Dining
- Fast Food
- Buffet Style
- Bar/Tavern
- Nightclub(type) \_\_\_\_\_

**Business Structure (check one):**

- Franchise? Y  N
- Corporation
- Partnership
- Sole Proprietor
- Estate or Trust
- Other

**Property Mgmt. Experience:**

- ❖ Restaurant Management Experience: \_\_\_\_\_ years
- ❖ Years Managing This Location: \_\_\_\_\_

**CONSTRUCTION**

- Frame / Brick Veneer
- Joisted Masonry
- Non Combustible
- Masonry Non Comb
- Modified Fire Res
- Fire Resistive
- Mixed (describe \_\_\_\_\_)

Values Bldg \$ \_\_\_\_\_ BPP \$ \_\_\_\_\_ BI/EE \$ \_\_\_\_\_

- ❖ Gross annual receipts: Food \$ \_\_\_\_\_ Alcohol \$ \_\_\_\_\_
- ❖ Year built..... \_\_\_\_\_
- ❖ Type of wiring (copper/aluminum/other): \_\_\_\_\_
- ❖ Square footage: ..... \_\_\_\_\_ Sq. Ft.
- ❖ Number of stories: ..... \_\_\_\_\_ Stories
- ❖ Maximum seating capacity ..... \_\_\_\_\_ people
- ❖ Live Entertainment/ Dancing?.....Yes \_\_\_ No \_\_\_
- ❖ Any firework type displays allowed?
- ❖ Single or Multi-tenant building (check one)
  - Individual/Stand alone  Multi-tenant/Shopping Plaza
  - Merc/Habitational  Multi-tenant/Offices

**PROTECTION**

- Smoke Alarms
  - Hardwired
  - Battery
- Sprinkler System
  - 100% Sprinklered
  - Partial system
  - Ansul system
- Fire Alarm System
  - Central Station
  - Local Alarm
  - Pull Stations
- Fire Extinguishers
- Standpipes
- Gated Community
- Watchman/Guard

ISO Prot Cl: \_\_\_\_\_

Distance to Fire Dept. \_\_\_\_\_ miles

**ANSUL SYSTEM / KITCHEN OPERATION**

- ❖ UL-300 Approved Ansul System? Yes \_\_\_ No \_\_\_
- ❖ Automatic Fuel Shut Off? Yes \_\_\_ No \_\_\_
- ❖ Can system be activated manually? Yes \_\_\_ No \_\_\_
- ❖ Exhaust Cleaning Service Contract? Yes \_\_\_ No \_\_\_
- ❖ Exhaust/Hoods/Ducts on at least @ semi-annual cleaning & maintenance contract? Yes \_\_\_ No \_\_\_
- ❖ Frequency of Filter Cleaning? \_\_\_\_\_
- ❖ Are grease drip pans/trays emptied daily? Yes \_\_\_ No \_\_\_
- ❖ Extinguishing Agent:  Wet Chemical;  Dry Chemical;  Dual Agent
- ❖ Brand name of AES (Automatic Extinguishing System) \_\_\_\_\_
- ❖ Number of Deep Fat Fryers ..... \_\_\_\_\_
- ❖ Do fryers have high temperature cut off? Yes \_\_\_ NO \_\_\_

Updates	Year	Complete Renovation or Partial?	
<input type="checkbox"/> Wiring	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Roofing	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Plumbing	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> HVAC	_____	<input type="checkbox"/> Complete	<input type="checkbox"/> Partial
<input type="checkbox"/> Other	_____	_____	_____

**Have there ever been any prior water damage or mold related incidents? <sup>TM</sup> Yes, or <sup>TM</sup> No**

Details (attach separate sheet if additional space needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_