



Office of the Fire Marshal
City of Galveston
2517 Ball Street, Suite 207
Galveston, Texas 77550
Phone (409) 797-3870
Fax (409) 797-3875

EXPLOSIVE PERMIT APPLICATION

Date of Application: ____/____/____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____ Fax: () _____ - _____

Location Requiring Permit: _____

Phone: () _____ - _____

The above listed applicant hereby makes application for: (Check One)

- Transport Explosives-Section 402.10.1(2)**
- Operate Explosive Terminal-Section 402.10.1**

Details regarding the above request must be filed when this application is made and whenever requested by the Fire Marshal or his representative. It is the applicant's responsibility to ensure that all conditions are in accordance with applicable State and Local fire regulations.

Applicant

_____/_____/_____
Date

FOR DEPARTMENT USE ONLY

Date Issued: ____/____/____

Date Expires: ____/____/____

Permit Number: ____ - ____ - ____

Triple Fee: [] Yes [] No

Section Number ____ - ____ - ____

Fee Assessment: \$175.00

Receipt # ____/____

Issued by

Make Checks Payable to the:
"City of Galveston"