



Office of the Fire Marshal

Galveston Fire Department

823 26th Street

Galveston, TX 77550

Phone (409) 797-3870

Fax (409) 291-4550

EXPLOSIVE PERMIT APPLICATION

Date of Application _____ / _____ / _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Location Requiring Permit _____

Phone (_____) _____

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

Transport Explosives – 2012 IFC Section 105.6.14

Operate Explosive Terminal – 2012 IFC Section 5601.1.2

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

Issued by

Receipt # _____

Make Checks Payable to the "City of Galveston"