



Office of the Fire Marshal
Galveston Fire Department
823 26th Street
Galveston, TX 77550
Phone (409) 797-3870

FIRE PREVENTION PERMIT APPLICATION

Date of Application _____ / _____ / _____

Business Name _____

Owner's Name _____

Owner's Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Location Requiring Permit _____

Phone (_____) _____

The above listed applicant hereby makes application for: *(Type of permit applying for)*

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 [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Additional Permit _____ - _____	Fee Assessment \$ _____
_____	Receipt # _____
Issued by _____	Check # _____

Make Checks Payable to the "City of Galveston"