



**Office of the Fire Marshal**  
**City of Galveston**  
**2517 Ball Street, Ste.203**  
**Galveston, Texas 77550**  
**Phone (409) 797-3870**  
**Fax (409) 797-3875**

## FIRE PREVENTION PERMIT APPLICATION

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Location Requiring Permit: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

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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: \$ \_\_\_\_\_

Receipt # \_\_\_\_\_

\_\_\_\_\_  
Issued by

**Make Checks Payable to the:**  
**"City of Galveston"**