



Fire and Health Inspection Request Form

Applicate Information

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email: \_\_\_\_\_

Location Information

Location Address: \_\_\_\_\_
Name of Business(if applicable): \_\_\_\_\_
Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_
Email: \_\_\_\_\_
Requested Inspection Date and Time: \_\_\_\_\_
Additional Information if Needed: \_\_\_\_\_

Inspections and Fees

(check inspeciton needed)

Table with 3 columns: Inspections, Fee, Paid. Rows include Day Care Facility, Hospital, Mental Health, Nursing Homes, Any Mandated Inspections, Fire Hydrant Flow Test, Fire Re-Inspection, and After Hours Fire Inspection Fee.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed application to permits@cityofkilgore.com
Permit Office will contact you to schedule an appointment and for payment.