



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 inspection needed)

Table with 3 columns: Inspections, Fee, Paid. Rows include Day Care Facility/Foster Home Fire Inspection (\$50.00), Day Care Facility/Foster Home Health Inspection (\$50.00), Hospital Fire Inspecton (\$100.00), Mental Health/M.H.M.R Facility Fire Inspection (\$100.00), Nursing Homes/ Assisted Living Facility Fire Inspection (\$100.00), Any Mandated Inspections Fire (\$50.00), Any Mandated Inspections Health (\$50.00), Fire Hydrant Flow Test (\$100.00), Fire Re-Inspection (\$75.00), After Hours Fire Inspection Fee \$75.00 per hour with 2 hour mimimum.

Applicant: _____ Date: _____

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

