



TEXAS CITY FIRE DEPARTMENT
1725 25TH STREET NORTH, TEXAS CITY, TX 77590

Phone: 409-643-5700 FAX: 409-643-5719 TCFD@texas-city-tx.org

Request for Inspection

Type of Inspection Requested:

**CO Inspection, Plan Review, General Inspection,
Foster Care Inspection (also see [Foster Care Inspection Check List](#)).**

Business and/Applicant Name: _____

Business Address: _____

Operation Location: _____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Please allow 2 weeks notice before request date:

Request date for inspection: _____

NOTES:

It is the applicant's responsibility to ensure that conditions are in accordance with applicable State and Local fire regulations. **I understand that it is the sole discretion of the Fire Official making inspection to approve or disapprove this request for any reason.**

Applicant Signature & **Print Name** _____ Date

Email Address: _____

****For Fire Department Use Only****

Date Application Rcvd _____

Tracking No. _____

Notes regarding Inspection