



TEXAS CITY FIRE DEPARTMENT  
 1725 25<sup>TH</sup> STREET NORTH, TEXAS CITY, TX 77590  
 Phone: 409-643-5700 FAX: 409-643-5719 Dispatch: 409-643-5721

**Document Submittal Form**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

**Note: If requesting a permit you must complete a document submittal form & a permit application.**

Agency or Business Name \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Site Name: \_\_\_\_\_ Site street Address: \_\_\_\_\_

Documents Submitted By: \_\_\_\_\_  **Print Name**

Documents Submitted: \_\_\_\_\_

Number of pages Submitted : \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Fee Required: \$ \_\_\_\_\_ *Applicable fees must be paid prior to document review & permit issuance.*  
 Amount

Cash [ ] Check [ ] Document/Fee Received By: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**\*\*Below For Fire Department Use Only\*\***

Date Documents Rcvd \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Estimated Review completion  
 / /

Review Completed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Fire Official that reviewed document  
 submittal:  
 \_\_\_\_\_

ID #: \_\_\_\_\_

Notes regarding document submittal *(If documents are in support of a permit request please state below)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_