



Application for Fire Code Inspection

REQUEST FOR INSPECTION

Project Name: _____

Address/Location: _____

Owner of Project: _____

Company Requesting Services: _____

Contact Name: _____

Phone: Alternate Phone: _____

Permit Number: _____ (If applicable)

Description of Inspection Request:

Existing Construction

Annual Inspection Re-Inspection Other _____

New Construction

Site/Fire Lanes Fire Suppression Systems Fire Detection Systems
 Acceptance Testing Fire Final Other _____

OFFICE USE ONLY

Date completed application received: _____ Amount Due: _____ Check#: _____ Receipt#: _____

Signature: _____ Date: _____

Fire Marshal Notified: _____