REQUEST FOR BUILDING SITE INSPECTION

GENERAL INFORMATION

APPLICANT’S NAME: ____________________________________________________________

PHONE NUMBER: ____________________________________________________________

E-MAIL ADDRESS: ____________________________________________________________

STATE AGENCY: ______________________________________________________________

TYPE OF INSPECTION (CHECK APPROPRIATE ONE)

☐ FINAL ☐ SPRINKLER SYSTEM, ☐ LEASE, RENEWAL
☐ ABOVE GROUND ☐ INTERMEDIATE SPRINKLER SYSTEM, OTHER (SPECIFY):
☐ UNDER GROUND ☐ FIRE ALARM SYSTEM ☐ HOOD SYSTEM
☐ LEASE, PRE-OCCUPANCY ☐ OTHER (SPECIFY):

NAME, STREET ADDRESS OR EXACT LOCATION OF FACILITY: ____________________________

________________________________________________________________________

INSPECTION DATE: ____________________________________________________________

(Provide this office with a MINIMUM of five (5) working days notice prior to requested date of inspection.)

STATE FIRE MARSHAL’S PERMIT #: _____________________________________________

(Opt if this office should you need assistance)

OCCUPANCY CLASSIFICATION, NFPA: ____________________________________________

(Business, Assembly, etc.)

PROJECT SQUARE FOOTAGE: ________________ NUMBER OF STORIES: ____________

LIST THE FACILITY'S LIFE SAFETY FEATURES: ________________________________

(Sprinkler, Standpipe, Fire Alarm, Smoke Control, etc.)

TYPE OF CONSTRUCTION, FBC: ________________________________________________

E-MAIL ALL REQUESTS TO:

Assigned Inspector & Regional Supervisor

(See: New Construction Project Letter/Eplans Email)

DFS-K3-1528

Adopted in Rule 69A-52.003 effective 11/22/2009