



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of State Fire Marshal – Bureau of Fire Prevention*

**REQUEST FOR BUILDING SITE INSPECTION**

**GENERAL INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STATE AGENCY: \_\_\_\_\_

**TYPE OF INSPECTION (CHECK APPROPRIATE ONE)**

- |  |   |
|--|---|
| <input type="checkbox"/> FINAL             | <input type="checkbox"/> SPRINKLER SYSTEM, ABOVE GROUND                               |
| <input type="checkbox"/> INTERMEDIATE      | <input type="checkbox"/> SPRINKLER SYSTEM, UNDER GROUND                               |
| <input type="checkbox"/> FIRE ALARM SYSTEM | <input type="checkbox"/> LEASE, PRE-OCCUPANCY <input type="checkbox"/> LEASE, RENEWAL |
| <input type="checkbox"/> HOOD SYSTEM       | <input type="checkbox"/> 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.  
 The SFM inspector for this facility will contact you for final scheduling.)

**STATE FIRE MARSHAL'S PERMIT #:** \_\_\_\_\_  
 (Contact 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:  
 fire.prevention@myfloridacfo.com

[or]

MAIL: Bureau of Fire Prevention - Plans Review Section  
 200 East Gaines Street  
 Tallahassee, Florida 32399-0342

COURIER: 325 John Knox Road, Atrium Bldg 3<sup>rd</sup> Floor  
 Tallahassee, Florida

PHONE: (850) 413-3733    FAX: (850) 410-2467