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, ABOVE GROUND
☐ INTERMEDIATE ☐ SPRINKLER SYSTEM, UNDER GROUND
☐ FIRE ALARM SYSTEM ☐ LEASE, PRE-OCCUPANCY ☐ LEASE, RENEWAL
☐ HOOD SYSTEM ☐ 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.)

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 3rd Floor
Tallahassee, Florida

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

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