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)*

☐ FINAL
☐ ABOVE GROUND
☐ UNDER GROUND
☐ LEASE, PRE-OCCUPANCY
☐ SPRINKLER SYSTEM,
☐ INTERMEDIATE SPRINKLER SYSTEM,
☐ FIRE ALARM SYSTEM
☐ HOOD SYSTEM
OTHER (SPECIFY):
☐ LEASE, RENEWAL
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 #: _____
(Contact this office should you need assistance)

OCCUPANCY CLASSIFICATION, NFPA: _____
(Business, Assembly, etc.)

PROJECT SQUARE FOOTAGE: _____ **NUMBER OF STORIES:** _____

LIST THE FACILITYS LIFE SAFETY FEATURES: _____

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

TYPE OF CONSTRUCTION, FBC: _____

E-MAIL ALL REQUESTS TO:
fire.prevention@myfloridacfo.com

DFS-K3-1528
Adopted in Rule 69A-52.003 effective 11/22/2009