



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, | |
| <input type="checkbox"/> ABOVE GROUND | <input type="checkbox"/> INTERMEDIATE SPRINKLER SYSTEM, | |
| <input type="checkbox"/> UNDER GROUND | <input type="checkbox"/> FIRE ALARM SYSTEM | <input type="checkbox"/> LEASE, RENEWAL |
| <input type="checkbox"/> LEASE, PRE-OCCUPANCY | <input type="checkbox"/> HOOD SYSTEM | OTHER (SPECIFY): |
| | OTHER (SPECIFY): | 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 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)