



**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, PRE-OCCUPANCY | <input type="checkbox"/> HOOD SYSTEM                    |
| <input type="checkbox"/> 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 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