



**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      | <input type="checkbox"/> 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): _____                     |

**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)