



## FIRE INSPECTION REQUEST FORM

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Requested by (Name): \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractor/Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_

New Building     
  Existing Building     
  Change of Ownership/Occupancy

FIRE INSPECTION FEE SCHEDULE				
ANNUAL FIRE INSPECTION <small>(Only State Licensed Facilities)</small>	INITIAL		RE-INSPECTION	
Adult Daycare	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Child Daycare	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Foster Home	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Group Home	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Hospital	\$100	<input type="checkbox"/>	\$100	<input type="checkbox"/>
Nursing Home	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Healthcare Facilities	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
GENERAL FIRE INSPECTION <small>(Fee required only for initial Certificate of Occupancy applications)</small>				
Burning Permit	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Fuel Tank – Installation/Removal	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
KITCHEN FIRE SUPPRESSION				
Kitchen Suppression System Trip Test	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
FIRE ALARM SYSTEM				
Fire Alarm Plan Review	\$100	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Fire Alarm Acceptance Test	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
FIRE SPRINKLER SYSTEM				
Fire Sprinkler System Plan Review	\$100	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Flow Test (Hydrant testing)	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Hydrostatic Test-Above Ground	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Hydrostatic Test-Below Ground	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
Fire Sprinkler Acceptance Test	\$50	<input type="checkbox"/>	\$50	<input type="checkbox"/>
FIREWORKS				
Fireworks Permit	\$50	<input type="checkbox"/>		
Fireworks Standby Fee (minimum 2 hours required)	\$45 x _____ hours = \$_____			
<b>TOTAL</b>		<b>\$</b>		

FOR OFFICE USE ONLY			
Account Name: <i>General Fund - Fire Protection &amp; Prevention Fees</i>		Account Number: <i>01-4078-07326-00</i>	
Payment Taken By:	Receipt No.:	Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Check (Check No. _____ )	
Notes:			