

Kevin Palmer
Fire Marshal



Andrew Rapp
Deputy Fire Marshal

FIRE MARSHAL INSPECTION REQUEST

Facility Information Name: Address: Phone number:	Contact Information Name: Phone number: Email address:	DEPT. USE ONLY Date submitted: _____ Fee \$ _____ () paid Receipt # _____ FI _____ - _____
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TYPE OF PERMIT AND SERVICES

<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Hospital / Nursing Homes
<input type="checkbox"/> FIXED PIPE SYSTEM	<input type="checkbox"/> Fireworks Stand	<input type="checkbox"/> Other 24-Hour Care Facility
<input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> Fireworks Public Display	<input type="checkbox"/> Mass Gathering
<input type="checkbox"/> FIRE PROTECTION SYSTEMS	<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Game Room
<input type="checkbox"/> PRE-SUBMITTAL PLAN REVIEW	<input type="checkbox"/> Kitchen Hood System	<input type="checkbox"/> Game Room (Machines)
<input type="checkbox"/> REINSPECTION & RETESTING	<input type="checkbox"/> Spray Booth Installation	<input type="checkbox"/> Teir II (Annual)
<input type="checkbox"/> DUPLICATE PERMIT	<input type="checkbox"/> Hot Works (per project)	<input type="checkbox"/> Re-Inspection
<input type="checkbox"/> TABC LICENSE INSPECTION	<input type="checkbox"/> Foster Home / Group Home	
<input type="checkbox"/> FIRE WATCH / STANDBY	<input type="checkbox"/> Daycare Centers	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> FIRE SPRINKLER		

Details regarding the above request must be provided when application is made and whenever requested by the Fire Marshal. It is the applicant's responsibility to ensure that conditions are in accordance with applicable codes and regulations. No work is to commence until plans are approved and a permit is issued. Violation of work without a permit can result in the issuance of a fine, permit revocation or both. Approved drawing, plans, and or details must always remain present at the location of the project.

Signature of Applicant: _____ Date: _____

<input type="checkbox"/> Inspection Date:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Re-Inspection Date(s):	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Re-Inspection Date(s):	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Permit Approved by: _____		
Date approved: _____		