**REQUEST FOR BUILDING SITE INSPECTION**

**GENERAL INFORMATION**

APPLICANT’S NAME: ____________________________________________

PHONE NUMBER: ____________________________________________

E-MAIL ADDRESS: ____________________________________________

STATE AGENCY: ____________________________________________

**TYPE OF INSPECTION (CHECK APPROPRIATE ONE)**

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
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<tbody>
<tr>
<td>☐</td>
<td>FINAL SPRINKLER SYSTEM, ABOVE GROUND</td>
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<tr>
<td>☐</td>
<td>INTERMEDIATE SPRINKLER SYSTEM, UNDER GROUND</td>
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<tr>
<td>☐</td>
<td>FIRE ALARM SYSTEM</td>
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<tr>
<td>☐</td>
<td>HOOD SYSTEM</td>
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<tr>
<td>☐</td>
<td>LEASE, PRE-OCCUPANCY</td>
</tr>
<tr>
<td>☐</td>
<td>LEASE, RENEWAL</td>
</tr>
<tr>
<td>☐</td>
<td>OTHER (SPECIFY):</td>
</tr>
</tbody>
</table>

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. The SFM inspector for this facility will contact you for final scheduling.)

**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:

fire.prevention@myfloridacfo.com

[or]

MAIL: Bureau of Fire Prevention - Plans Review Section
200 East Gaines Street
Tallahassee, Florida 32399-0342

COURIER: 325 John Knox Road, Atrium Bldg 3rd Floor
Tallahassee, Florida

PHONE: (850) 413-3733  FAX: (850) 410-2467