

PLANNING AND CODE ADMINISTRATION

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# REQUEST FOR FIRE MARSHAL INSPECTION APPLICATION

*All information must be complete to initiate processing of application*

## SUBJECT PROPERTY

Street Address

Facility Name

## APPLICANT

Business Name

Primary Contact

Street Address

Suite No.

City

State

Zip Code

Telephone Numbers: Work

Cell

E-mail Address

## FACILITY TYPE *(check one only)*

Driving School

Board and Care

No. of Residents

*(DO NOT LEAVE BLANK)*

Day Care

No. of Clients

*(DO NOT LEAVE BLANK)*

Group Home

Health Care

Private School

Other