



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, ABOVE GROUND |
| <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> SPRINKLER SYSTEM, UNDER GROUND |
| <input type="checkbox"/> FIRE ALARM SYSTEM | <input type="checkbox"/> LEASE, PRE-OCCUPANCY <input type="checkbox"/> LEASE, RENEWAL |
| <input type="checkbox"/> HOOD SYSTEM | <input type="checkbox"/> 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.
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: _____

Email All Inspection Requests to:
Edward A. Leyland; Fire Protection Specialist
Bureau of Fire Prevention; Division of State Fire Marshal
Email: edward.leyland@myfloridacfo.com
Cellular: (954) 444-1225