

Request for Fire Inspection

State Fire Marshal's Office
444 Cedar St., Suite 145
St. Paul, MN 55101-5145
(651) 201-7200

Approved local fire department

Date of request: _____

APPLICANT'S NAME:	COUNTY:	
ADDRESS:	CITY:	ZIP CODE:
HOME PHONE NUMBER: ()	WORK: ()	
REQUESTING AGENCY:	E-MAIL ADDRESS OF AGENCY LICENSOR:	
REQUESTOR'S NAME:	PHONE NUMBER: ()	

Proposed use:

- Family Child Care, Class _____
- Group Family Child Care, Class _____
- Child Foster Care for _____ persons
- Adult Foster Care for _____ persons
- Family Adult Day Services (R-3 inspection required)

Reason for request

- Inspection required because:**
- Mobile home
 - Wood burning stoves
 - Care in basement
 - Reasonable cause by agency (explain in detail) _____
 - Mixed-occupancy building (i.e., attached garage)
 - Multiple dwelling building (i.e., apartment building)
 - Per rule or statute requirement

Existing use:

- Single family residence
- Multiple dwelling building
 - Duplex
 - Townhouse
 - Apartment with three or more units

Areas to be used:

- Basement
- First floor
- Second floor
- Third floor and above

NOTE: For rental property, written/ signed permission from the landlord/ owner to inspect the entire building must be attached to this request.

Comments: _____

Inspection results

Inspection date: _____

- Substantially meets the minimum requirements of Minnesota Uniform Fire Code based upon:
 - Initial inspection
 - Follow-up inspection
- Does not meet the minimum requirements of Minnesota Uniform Fire Code: (See attached orders.)
- Invalid request, (See comments.)

Comments: _____

INSPECTOR'S SIGNATURE (≠)	DATE:
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To the license applicant: Because the state fire marshal or approved local fire department may charge a fee to recover the cost of the inspection, it is the applicant's responsibility to request the fire inspection, to ensure that this form is completed and the appropriate fee paid, and that a copy of this form is returned to the licensing agency when the inspection is completed. This process may vary from county to county and the license applicant should check with their licensing worker to determine the specific process used by their agency.

Distribution

Requesting agency:

- 1) Complete this form in quadruplicate.
- 2) Forward the original and two copies to the State Fire Marshal's Office or local fire department if the municipality/town is on the list maintained by the state fire marshal:
<http://www.fire.state.mn.us/DayCare/DayCareFosterCare.html>
Include a stamped self-addressed envelope.
- 3) Retain copy in agency file for verification that request has been made.