



FIRE INSPECTION REQUEST
FAX # 404-377-3147

INSTRUCTIONS: Please complete all sections of this Inspection Request.
Fax completed Inspection Requests to 404-377-3147. No Cover Letters.

TODAY'S DATE: _____ REQUESTED DATE OF INSPECTION: _____

NOTE: REQUEST MUST BE RECEIVED BY 4:00 P.M. ON THE DAY BEFORE THE REQUESTED DATE OF INSPECTION

JOB ADDRESS: _____ IS ADDRESS IN A HISTORIC DISTRICT? () Yes () No

PERMIT NUMBER(S): _____
PLEASE INCLUDE ALL PERTINENT PERMIT NUMBERS - BUILDING, PLUMBING, HVAC

PROPERTY OWNER'S NAME: _____

CONTRACTOR'S / COMPANY NAME: _____

NAME OF LICENSE HOLDER: _____

CONTACT NAME: _____ CONTACT NUMBER: (_____)

RETURN FAX NUMBER (REQUIRED): (_____) _____

TYPE (S) OF INSPECTION REQUESTED:

FIRE /CONSTRUCTION INSPECTIONS :

- | | | |
|------------------|-------------------|------------------------|
| () 50% | () SPRINKLER | () BUSINESS LICENSE |
| () 80% | () ALARM | () ALCOHOL & BEVERAGE |
| () COVER | () FOLLOW UP | () CONSULTING |
| () HANGER | () PLAN REVIEW | () UNSAFE BUILDING |
| () COVER UP | () ANNUAL | |
| () FINAL | () OWNER CHANGE | |
| () REINSPECTION | () INVESTIGATION | |

OTHER

PLEASE SPECIFY:

SPECIAL INSTRUCTIONS: PLEASE PROVIDE PERTINENT INFORMATION FOR THE FIRE CHIEF SUCH AS LOCKBOX CODE, LOCATION OF LOCKBOX KEY, MORNING OR AFTERNOON INSPECTION REQUEST, ETC.)

NOTE: REINSPECTION FEE REQUIRED IF JOB IS NOT ACCESSIBLE. ESCORT REQUIRED FOR OCCUPIED HOMES/BUSINESSES.

HAS FEES OR REINSPECTION FEE(S) BEEN PAID? () Yes () No Amount Paid \$ _____ Date Paid: _____

Please note: Incomplete Inspection Requests will not be accepted.

A return Fax Number is required – Notification of code deficiencies will be returned via fax.

We will make every effort to perform the inspection on the requested date but cannot guarantee an inspection on a requested date.

City of Decatur
Fire Department
230 E. Trinity Place
Decatur, Georgia 30030
Office 404/373-0012 Fax 404/377-3147