Sacramento Metropolitan Fire District

Community Risk Reduction Division **www.metrofire.ca.gov**

10545 Armstrong Ave., Suite 310· Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

KURT P. HENKE
Fire Chief

Occupancy ID: _____ Received Stamp:

Permit #: _____

Account#: _____

Invoice #: _____

RCV'D By:_____

SPECIAL INSPECTION APPLICATION

Please print clearly and enter all of the information requested. Complete this form and return it by fax to 916-859-3717 or by E-mail to: crrdstaff@metrofire.ca.gov

Please print clearly and enter all of the information requested.

PROJECT INFORMATION:

You may contact the County Assessor's Office at **916-875-0700** to obtain the Parcel Number requested below.

Project Name: _____ Parcel Number: _____ - _____ - _____

Project Address: _____ City: _____ Zip: _____

Type of Facility: _____

Reason for Inspection: _____

APPLICANT INFORMATION:

Facility/Business Name: _____

Address: _____ City: _____ Zip: _____

Contact Name: _____ E-mail Address: _____

Telephone: _____ Fax: _____

By: (PRINT/TYPE) _____ Signed: _____

☐ Owner ☐ Licensee ☐ Agent for Owner ☐ Contractor ☐ Agent for Contractor

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BUILDING DESCRIPTION: (Please check all that apply):

☐ Day Care ☐ Residential Care ☐ Commercial Occupancy

☐ Single Story Building ☐ Two-Story Building ☐ Sprinklered Building