



Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

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

Pre-Inspection Application

Day Care and Residential Care Facility

A pre-inspection is a fire inspection that occurs at a prospective Day Care or Residential Care Facility prior to applying for a Fire Safety Inspection (850 inspection) with Community Care Licensing through the Department of Social Services. A Fire Inspector will inspect the facility and provide a list of California Fire and Building Code deficiencies that must be corrected prior to the 850 inspection.

Pre-inspections are not required to apply for an 850 inspection with Community Care Licensing. However, if you choose to opt out of a pre-inspection and ultimately do not pass the 850 inspection, you will need to reapply with Community Care Licensing, which may incur additional fees and delays from Licensing. ***Fees will be invoiced and collected prior to the inspection.***

Applicable fees:

Pre-inspection for 25 or less – \$662

Pre-inspection for 26 or more – \$995

To submit a pre-inspection application, you will need to have an account. (To create an account, see the Procedure Guide located here: <https://metrofire.ca.gov/construction>).

Once your account is created, you will need submit this form through your account (See the Procedure Guide located here: <https://metrofire.ca.gov/construction>).

Once the application is accepted, you will receive an email from MobileEyes. Click on the link in the email to open the invoice, then click on “pay invoice” to pay via credit card or E-Check **only**. (We do not accept physical payment). Payment must be received within two weeks of plan submittal. Once we have received confirmation the invoice has been paid, then the application will be assigned for review, and your area inspector will contact you for the pre-inspection.



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Forms that are not completed in their entirety will not be processed

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Project Information:

Facility Name: _____ Facility Address: _____
City: _____ Zip: _____

Applicant Information:

Applicant Name: _____ Applicant Address: _____
City: _____ Zip: _____
Contact Name: _____ E-Mail Address: _____
Phone: _____

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

Please check all that apply

<u>Facility Description:</u>	☐ Day Care	☐ Residential Care	☐ Commercial Occupancy
	☐ Single Story Building	☐ Two Story Building	☐ Sprinklered Building
<u>Clientele Served:</u>	☐ Elderly	☐ Adults	☐ Children
<u>Number of Residents:</u>	____ Bedridden	____ Ambulatory	____ Non Ambulatory
<u>Total Capacity:</u>	☐ 25 or less	☐ 26 or more	
<u>For Child Care Facilities:</u>	____ Age: 0-24 months	____ Age: >24 months	

Serving Sacramento and Placer Counties