



MARK A. WELLS
Fire Chief

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

PRE-INSPECTION APPLICATION

DAY CARE AND CARE FACILITY

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.

FOR OFFICE USE ONLY	
Received Stamp:	
Occupancy ID: _____	RCV'D By: _____

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: _____

Reason for Inspection: _____

APPLICANT INFORMATION:

Facility Name: _____

Address: _____ City: _____ Zip: _____

Contact Name: _____ E-mail Address: _____

Telephone: _____ Fax: _____

By: (PRINT/TYPE) _____ Signed: _____

- Owner
 Licensee
 Agent for Owner
 Contractor
 Agent for Contractor

FACILITY DESCRIPTION: (Please check all that apply):

- Day Care
 Residential Care
 Commercial Occupancy

- Single Story Building
 Two Story Building
 Sprinklered Building

- CLIENTELE SERVED:**
 Elderly
 Adults
 Children

- NUMBER OF RESIDENTS:**
 _____ Bedridden
 _____ Ambulatory
 _____ Non Ambulatory