



MARK A. WELLS
Fire Chief

Sacramento Metropolitan Fire District

Community Risk Reduction Division

www.metrofire.ca.gov

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FOR OFFICE USE ONLY

Received Stamp:

Occupancy ID: _____ 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

BUILDING DESCRIPTION: (Please check all that apply):

- Day Care
 Residential Care
 Commercial Occupancy
 Single Story Building
 Two-Story Building
 Sprinklered Building