



Request for Fire Inspection or Reinspection

**State Fire Marshal's Office
445 Minnesota St.
St. Paul, MN 55101-5145
651-201-7200**

Approved local fire department

Date of request: _____

APPLICANT'S NAME:		COUNTY:	
ADDRESS:		CITY:	ZIP CODE:
HOME PHONE NUMBER:	CELL PHONE NUMBER:	WORK PHONE NUMBER:	EMAIL ADDRESS:
REQUESTING AGENCY:		E-MAIL ADDRESS OF AGENCY LICENSOR:	
REQUESTOR'S NAME:		PHONE NUMBER:	

Proposed use:

- Family Child Care, Class
- Group Family Child Care, Class
- Child Foster Care for _____ persons
- Adult Foster Care for _____ persons
- Family Adult Day Services (R-3 inspection required)
- Community Residential Setting

Reason for request

Inspection required because:

- Mobile home - FCC/(CFC only if manufactured prior to 6/15/76)
- Free standing solid fuel heating appliance (wood, corn, etc, stoves)-FCC/CFC
- Care in basement - FCC
- FC sleeping in room 50% or more below ground level - CFC
- Per rule or statute requirement (AFC/FADS/CRS)
- Reasonable cause by agency (explain in detail)
- Capacity of more than 10 - FCC
- Capacity of 4 or more - CFC
- Mixed-occupancy building (i.e., attached garage) FCC (CFC only if hazard identified)
- Multiple dwelling building (i.e., apartment building) FCC (CFC only if hazard identified)

Existing use:

- Single family residence
- Multiple dwelling building
 - Duplex
 - Townhouse
 - Apartment with three or more units
- Church building
- Other building explain:

Areas to be used:

- Basement
- First floor
- Second floor
- Third floor and above

NOTE: For rental property, written/signed permission from the landlord/owner to inspect the entire building must be attached to this request.

A detailed inspection report is required and must be attached. A copy has been sent to Licensor noted above.

Inspection Results:

Comments:

Inspector's Signature	Date:
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To the license applicant: Because the state fire marshal or approved local fire department may charge a fee to recover the cost of the inspection, it is the applicant's responsibility to request the fire inspection, to ensure that this form is completed and the appropriate fee paid, and that a copy of this form is returned to the licensing agency when the inspection is completed. This process may vary from county to county and the license applicant should check with their licensing worker to determine the specific process used by their agency.

Distribution**Requesting agency:**

1. Complete this form in **duplicate**.
2. Forward the original to the State Fire Marshal's Office or local fire department if the municipality/town is on the list maintained by the state fire marshal:
<http://www.fire.state.mn.us/DayCare/DayCareFosterCare.html>
3. Retain copy in agency file for verification that request has been made.
4. Enclose a \$50 money order or bank check for the inspection fee. Personal checks are not accepted.