

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:

- | | |
|---|---|
| <input type="checkbox"/> Family Child Care, Class _____ | <input type="checkbox"/> Adult Foster Care for _____ persons |
| <input type="checkbox"/> Group Family Child Care, Class _____ | <input type="checkbox"/> Family Adult Day Services ((R-3 inspection required) |
| <input type="checkbox"/> Child Foster Care for _____ persons | <input type="checkbox"/> Community Residential Setting |

Reason for request:

Inspection required because:

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

Existing use:

- Single family residence
- Multiple dwelling building
 - Duplex
 - Townhome
 - 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 had been send to the Licensor noted above.

Inspection Results:

Comments:

Inspector's Signature	Date:
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To the license applicant: The state fire marshal or approved local fire department may charge a fee to recover the cost of the inspection. You should check with your licensing worker to determine the specific process used by their agency to pay the fee.

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 marshal :
<https://dps.mn.gov/divisions/sfm/programs-services/inspections/Pages/day-care-foster-care-inspection.aspx>
- 3) Retain a copy in the agency file for verification that request has been made.
- 4) Enclose a \$50 money order or bank check for the inspection fee. Personal checks will not be accepted.