



Todd Harms  
Fire Chief

# Sacramento Metropolitan Fire District

Community Risk Reduction Division

[www.metrofire.ca.gov](http://www.metrofire.ca.gov)

10545 Armstrong Ave., Suite 310 · Mather, CA 95655 · Phone (916) 859-4330 · Fax (916) 859-3717

**FOR OFFICE USE ONLY**

Received Stamp:

Permit #: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Received 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 Email to: [crrdstaff@metrofire.ca.gov](mailto:crrdstaff@metrofire.ca.gov)

### **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