

Lincoln Fire Rescue & Emergency Services

4800 South Service Road, Beamsville, ON L0R 1B1
 Telephone: 905-563-8205 FAX: 905-563-6566



FIRE SAFETY INSPECTION REQUEST FORM

To request an inspection, please complete this form and present it to the cashier for payment.

Name: <i>(Please PRINT clearly)</i>		
Telephone #:	E-mail Address:	
Business Name:		
Location of Inspection:		
Type of Inspection:		Fees:
HOME DAYCARE – LESS THAN 5 CHILDREN	_____ @ \$ 125.00 FIHDC	\$ _____
LICENCED DAYCARE	_____ @ \$250.00 FILDC	\$ _____
AGCO LIQUOR LICENCE INSPECTION	_____ @ \$250.00 FILIQ	\$ _____
RESIDENTIAL (1 TO 5 UNITS) – FIRST UNIT	_____ @ \$250.00 FIREFU	\$ _____
RESIDENTIAL (1 TO 5 UNITS) – EACH ADDITIONAL UNIT	_____ @ \$32.00 FIREAD	\$ _____
RESIDENTIAL (6 OR MORE UNITS) – FIRST UNIT	_____ @ \$375.00 FILRFU	\$ _____
RESIDENTIAL (6 OR MORE UNITS) – EACH ADDITIONAL UNIT	_____ @ \$32.00 FILRAD	\$ _____
ASSEMBLY OCCUPANCY – UP TO 150 OCCUPANTS	_____ @ \$250.00 FIASM	\$ _____
ASSEMBLY OCCUPANCY – 150 OR MORE OCCUPANTS	_____ @ \$500.00 FIASMM	\$ _____
VULNERABLE CARE OCCUPANCY – UP TO 10 RESIDENTS	_____ @ \$687.50 FIVOA	\$ _____
VULNERABLE CARE OCCUPANCY – 11 TO 100 RESIDENTS	_____ @ \$900.00 FIVOB	\$ _____
VULNERABLE CARE OCCUPANCY – MORE THAN 100 RESIDENTS	_____ @ \$1,350.00 FIVOC	\$ _____
COMMERCIAL/INDUSTRIAL – UP TO 900 SQ.M. (10,000 SQ.FT.)	_____ @ \$250.00 FICDIN	\$ _____
COMMERCIAL/INDUSTRIAL – EACH ADDITIONAL 450 SQ. M.	_____ @ \$65.00 FICDAD	\$ _____
TENT / TEMPORARY STRUCTURE	_____ @ \$250.00 FITTS	\$ _____
MARIJUANA GROW/CLANDESTINE DRUG LAB	_____ @ \$1,250.00 FIMGO	\$ _____
FOOD TRUCK / REFRESHMENT VEHICLE	_____ @ \$125.00 FIFRT	\$ _____
SPECIAL EVENT INSPECTION (\$120/HR) – 1 HOUR DEPOSIT	_____ @ \$125.00 FIRSPO	\$ _____
COMPLAINT/SUSPECTED FIRE CODE VIOLATION – REFER TO FIRE PREVENTION		
<ul style="list-style-type: none"> ▪ Requests for inspections carry a fee as prescribed by Fees and Charges By-law No. 2017-34. ▪ The applicant will be contacted to schedule an inspection date and time. ▪ <i>Properties will be inspected to the requirements of the Fire Protection and Prevention Act, 1997.</i> 		Total Fee:
Signature:		Date:

OFFICE USE ONLY		
RECEIVED BY TOWN OF LINCOLN	<input type="checkbox"/> Data Entry (FIREHOUSE)	<input type="checkbox"/> Fee Paid - Cashier's Stamp:
Received By: <i>(initials)</i>	<input type="checkbox"/> Inspection Scheduled:	
Date:		