



4800 SOUTH SERVICE RD.,
BEAMSVILLE, ON L3J 1L3
905-563-2799

FIRE SAFETY INSPECTION REQUEST FORM

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

Name: (Please PRINT clearly)

Telephone #:

E-mail Address:

Business Name:

Location of Inspection:

Type of Inspection:	Amount	Price	Code	Total
HOME DAYCARE – LESS THAN 5 CHILDREN	____ @	\$177.00	FIHDC	\$_____
LICENCED DAYCARE	____ @	\$353.00	FILDC	\$_____
AGCO LIQUOR LICENCE INSPECTION	____ @	\$353.00	FILIQ	\$_____
RESIDENTIAL (1 TO 5 UNITS) – FIRST UNIT	____ @	\$353.00	FIREFU	\$_____
RESIDENTIAL (1 TO 5 UNITS) – EACH ADDITIONAL UNIT	____ @	\$43.00	FIREAD	\$_____
RESIDENTIAL (6 OR MORE UNITS) – FIRST UNIT	____ @	\$529.00	FILRFU	\$_____
RESIDENTIAL (6 OR MORE UNITS) – EACH ADDITIONAL UNIT	____ @	\$43.00	FILRAD	\$_____
ASSEMBLY OCCUPANCY – UP TO 150 OCCUPANTS	____ @	\$353.00	FIASM	\$_____
ASSEMBLY OCCUPANCY – 150 OR MORE OCCUPANTS	____ @	\$605.00	FIASMM	\$_____
VULNERABLE CARE OCCUPANCY – UP TO 10 RESIDENTS	____ @	\$822.00	FIVOA	\$_____
VULNERABLE CARE OCCUPANCY – 11 TO 100 RESIDENTS	____ @	\$1,081.00	FIVOB	\$_____
VULNERABLE CARE OCCUPANCY – MORE THAN 100 RESIDENTS	____ @	\$1,611.00	FIVOC	\$_____
COMMERCIAL/INDUSTRIAL – UP TO 900 SQ.M. (10,000 SQ.FT.)	____ @	\$353.00	FICDIN	\$_____
COMMERCIAL/INDUSTRIAL – EACH ADDITIONAL 450 SQ. M.	____ @	\$89.00	FICDAD	\$_____
TENT / TEMPORARY STRUCTURE	____ @	\$353.00	FITTS	\$_____
MARIJUANA GROW/CLANDESTINE DRUG LAB	____ @	\$1,762.00	FIMGO	\$_____
FOOD TRUCK / REFRESHMENT VEHICLE	____ @	\$177.00	FIFRT	\$_____
SPECIAL EVENT INSPECTION (\$150/HR) – 1 HOUR DEPOSIT	____ @	\$177.00	FIRSCO	\$_____
SCHOOL OCCUPANCY - UP TO 150 PERSONS	____ @	\$353.00	FISCA	\$_____
SCHOOL OCCUPANCY - MORE THAN 150 PERSONS	____ @	\$705.00	FISCB	\$_____

COMPLAINT/SUSPECTED FIRE CODE VIOLATION – REFER TO FIRE PREVENTION OFFICE

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.
- Properties will be inspected to the requirements of the Fire Protection and Prevention Act, 1997.

Total Fee:
\$

Signature:

Date:

OFFICE USE ONLY

RECEIVED BY TOWN OF LINCOLN

Received By: (initials)

Date:

Data Entry (Firstdue)

Inspection Scheduled:

Fee Paid - Cashier's Stamp: