

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	FIRSPO	\$ _____
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:**