

LOCAL FIRE INSPECTION AUTHORITY INFORMATION

Date:
Applicant Name:
Center Name:
Center Address:

As part of the application process, the Department of Health Services is responsible for obtaining a fire safety inspection from the local fire inspection authority having jurisdiction in the area where your facility is located.

To help us expedite this process, we are requiring that you identify the local fire inspection authority that is responsible to inspect your facility and issue a fire clearance.

LOCAL FIRE INSPECTION AUTHORITY:

ADDRESS:

CITY AND ZIP CODE:

CONTACT NAME AND PHONE NUMBER:
