

Request for Fire Inspection or Reinspection

State Fire Marshal Division
445 Minnesota St. Suite 145
St. Paul, MN 55101-5145
651-201-7200

Approved local fire department

Date of Request: _____

Name of local fire department: _____

Name of Inspector: _____

Applicant Name		County	
Address		City	Zip Code
Home Phone	Cell Phone	Work Phone	Email
Requesting Agency		Email of Agency Licensor	
Licensor's Name		Licensor's Phone	

Proposed use:

- | | |
|---|---|
| Family Child Care, Class _____ | Adult Foster Care for _____ persons |
| Group Family Child Care, Class _____ | Community Residential Setting for _____ persons |
| Child Foster Care for _____ persons | Family Adult Day Services (R-3 inspection required) |
| Special Family Child Care, Type (b,c,d,e,f) _____
245A.14, subd. 4 (b-f) | |

Reason for request:

- | | |
|--|--|
| Mobile home - FCC (CFC - only if manufactured prior to 6/15/76) | Capacity of more than 10 - FCC |
| Care in the basement - FCC | Capacity of 4 or more - CFC |
| Free standing solid fuel heating appliance (wood, corn, stoves etc.) - FCC/CFC | Mixed-occupancy building (i.e., attached garage - FCC Unless there is a separation per Interagency Agreement). (CFC- only if hazard is identified) |
| Per rule or statute requirement (AFC/FADS/CRS) | Multiple dwelling building (i.e., apartment building - FCC) (CFC - only if hazard is identified) |
| Foster Child is sleeping in room 50% or more below ground level -CFC | |
| Reasonable cause by the agency (explain in detail) _____ | |

*NOTE: For family child care and child foster care, if the home was constructed within the last 5 years, a Certificate of Occupancy is accepted as documentation that the home meets fire code and no inspection is required.

Date of home construction: _____

Existing use:

Areas to be used:

- | | | |
|-------------------------------|----------------------------------|-----------------------|
| Single Family Residence | Multiple dwelling building | Basement |
| Church Building | Duplex | First floor |
| Nursing home | Townhome | Second floor |
| School | Apartment with more than 3 units | Third floor and above |
| Other building explain: _____ | | |

Do you own this property?

NOTE: for rental property, written, signed permission from the landlord/owner to inspect the entire building must be attached to this request.

Property Owner: (if not applicant)

Property Owner Phone:

A detailed inspection report is required and must be attached. A copy must be sent to the Licensor noted above.

The State Fire Marshal Division or approved local fire department may charge a fee to recover the cost of the inspection. You should check with your licensor to determine the specific process used by their agency to pay the fee.

Distribution

Requesting Agency:

1. Complete this form in duplicate.
2. Forward the original form to the State Fire Marshal Division or the local fire department if the municipality/ town is on the list maintained by the State Fire Marshal Division: <https://dps.mn.gov/divisions/sfm/programs-services/inspections/Pages/day-care-foster-care-inspection.aspx>
3. Retain a copy in the agency file for verification that the request has been made.
4. Has this location had a previous fire inspection? _____ If yes, when? _____
5. Please enclose \$50, money order or bank check for the inspection fee. Personal checks will not be accepted.