

CITY OF COLUMBUS
 COLUMBUS DIVISION OF FIRE
 FIRE PREVENTION BUREAU / PLANS REVIEW
 3639 PARSONS AVENUE
 COLUMBUS, OH 43207
 614-645-7641 (EXT 75628 or EXT 75608) or 614-645-8673
 614-645-6637 FAX



REQUEST FOR AFTER-HOURS INSPECTION

Any item incomplete on this form may cause a delay in approval of this request

1. Project Information (Black or Blue ink only) PART 1. REQUIRED FOR ALL SUBMITTALS		Provide Information on the name of this specific project, tenant, lease space, scope of work, etc.	
Project Name:		Building Department Permit Number:	
Address:			
Suite or Space:			
City:	State:	Zip:	
Date and Time:	DATE:	TIME:	
Reason:			
Part 2. Required for all submittals	2. Type of Inspection		
SYSTEM TYPE:	<input type="checkbox"/> Fire Alarm System		Number of Devices:
	<input type="checkbox"/> Kitchen Hood Supression System		
	<input type="checkbox"/> Fire Suppression System		
	<input type="checkbox"/> Dry Chemical	<input type="checkbox"/> Clean Agent	<input type="checkbox"/> Halon
	<input type="checkbox"/> Paint Spray Booth		
	<input type="checkbox"/> Sprinkler System		
	<input type="checkbox"/> Standpipe System		
	<input type="checkbox"/> Life Safety		
Part 3. Contractor Information	3. Person or Company Requesting		
Person's Name:	Last:	First:	MI:
E-mail Address:			
Mailing Address:			
City:	State	Zip	
Telephone:	()	Fax: ()	

Request: Request must be received three (3) business days in advance: Each request will processed in a timely fashion and every effort will be made to honor each request. The request may be mailed, faxed, or hand delivered to the Fire Prevention Bureau.

FEE: The requestor shall be charged a fee of an hourly rate, minimum of 4 hours, plus an additional \$30.00 trip charge.
Inspector is \$93.01 x 4 hours = \$372.04 plus trip rate \$30.00 = Total \$402.04

Checks shall be made payable to **Columbus City Treasurer/Fire** and the check shall be presented to the inspector at the time of inspection.

CANCELLATION: If the inspection is cancelled, the requestor must notify the Fire Prevention Bureau – Plans Review Section **no later than 2:00 pm** the day of the inspection or the minimum inspection fee of \$335.36 will be charged.

I have read and understand the rules and responsibilities stated above: _____

Signature of Applicant

OFFICIAL USE ONLY	Inspector Assigned:
	Signature of Plans Review Officer:
	Overtime Authorized by Fire Marshal:
	Check Number: _____
	Check Amount: \$ _____