CITY OF INVERNESS

Community Development Department
212 West Main Street - Inverness, Florida 34450
(352)726-3401 - Fax (352)726-5473
DDS@Inverness-fl.gov

FIRE INSPECTION APPLICATION

Business Information

Business Name: _____ Phone_____

Business Physical Address: _____

Contact Name: _____Contact Phone #_____

Mailing Address: _____

Email Address: _____

Owner of Building: _____ Contact phone #_____

Type of Business: _____

Square Footage of space: _____ If known, how long was space been vacant for: _____

Number of full time employees: _____ Number of part time employees: _____

Inspection information:

☐ Residential ☐ Non-residential Electric Provider:_____

☐ Business License acquired, if not needs to be done prior to inspection.

☐ Day Care ☐ Foster Care ☐ Medical ☐ New Business ☐ Restaurant ☐ Retail ☐ Change of use

☐ Yearly inspections required? ☐ Fire & Disaster Manual

Proposed Business Start Date: _____

An inspection fee must be paid prior to inspection date. Inspection fee includes one follow-up inspection.
Note: Inspection must be finalized before business may be approved for operation.
Please - Reserve sufficient time for a follow-up inspection (if needed).
If more than one re-inspection is needed, additional fees may apply.

Business Signature name: _____ **Date:** _____

Property Owner signature: _____ **Date:** _____

Property owner must sign and acknowledge the fire inspection to be scheduled and performed by the City of Inverness' Fire Department for the new business.