



# DC Fire & EMS Department

Office of the Fire Marshal  
 441 4<sup>th</sup> Street N.W., Suite 370  
 Washington, D.C. 20001



## D. C. FIRE PREVENTION SERVICE REQUEST

### BUSINESS INFORMATION

<b>Business Name:</b>	Start date:
<b>Business Address:</b>	<b>City:</b> _____ <b>Zip:</b> _____
<b>Contact Person:</b>	Location: (venue of Service)

### Date and time of Request:

INSPECTION DATE. \_\_\_\_\_

TIME REQUESTED. \_\_\_\_\_

Type of Service Request	Description Of DCFEMS Service	FEES
<input type="checkbox"/> Inspection/Overtime.	Fire Inspection/ Standby Special Events	\$65
<input type="checkbox"/> Plans Review	Evacuation / Exhibition / Tank / Site & etc.	\$150
<input type="checkbox"/> Re-Inspection.	Residential and commercial inspections	—
<input type="checkbox"/> Fire Watch.	Protection (OOS) (minimum 4 hrs.) (Unsafe conditions: Fire Alarm and/or Fire)	—
<input type="checkbox"/> Tank Test	Include Plans Review and Tank Test.	\$150
<input type="checkbox"/> Heating/LPG	LPG Cost plus Per Open Flame Device (Includes site inspection / Plans Review).	\$300
<input type="checkbox"/> Acceptance Test	Fire Protection Systems	—
<input type="checkbox"/> Fire Safety Presentation	Safe House, Community Meetings	N/A
<input type="checkbox"/> Other:		

Our company agrees to pay the allotted fee \$ \_\_\_\_\_ payable to D.C. Treasurer. To cancel this request, a forty eight (48) hour advance notice must be given. Failure to give advance notice shall result in forfeiture of all fees. We have read and are in compliance with all D.C/ Fire Marshall guidelines:

Owner/Contractor/Agent: \_\_\_\_\_  
 • **Signature**

<b>D.C. Fire Marshall</b>	<b>DCFP#</b>	<b>Check #</b>
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**Comment Conditions.**

**Application Received by:** \_\_\_\_\_

**Disapproval Recommended by:** \_\_\_\_\_

**Approval Recommended by:** \_\_\_\_\_

**Inspectors Name:** \_\_\_\_\_

Check or Money Order Payable to D. C. Treasurer