



Office Use: \_\_\_\_\_

**FIRE SAFETY INSPECTION REQUEST FORM**

TO BE COMPLETED BY THE PROPERTY OWNER OR COMMERCIAL TENANT AND SUBMITTED TO: [permits@ijd.ca](mailto:permits@ijd.ca)

Date: \_\_\_\_\_

Development Permit (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project Address - Crossfield: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Please check occupancy type:

- Commercial       Industrial       Institutional       Other (explain below)

Other: \_\_\_\_\_

Reason for Inspection: \_\_\_\_\_

Inspection Fee	\$	<p><u>Rates:</u></p> <p><i>Inspection: \$200 plus GST</i></p> <p><i>Re-Inspection (each occurrence) \$100.00 plus GST</i></p>
Re-Inspection Fee	\$	
GST	\$	
Total	\$	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Debit <input type="checkbox"/> Other _____		
Credit Card No.	_____ Exp. ____ / ____	
3 Digit Number	_____ (back of card)	