



City of Salisbury Fire Department

325 Cypress Street
Salisbury, MD 21801
(410)548-3120
Fax (410)548-3121



Commercial Inspection Request Form

Request Date:

Section 1, Property Information

Name of Occupancy/Project	
Address	Suite/Unit
Property Owner	Day Phone
Owner's Address	

Section 2, Primary Contact

(This person will receive ALL correspondence, notices, and questions regarding the inspection)

Name	Day Phone
Email	

Section 4, Information

Reason for Inspection:

Annual License Change of Owner/Occupant Change of Use/Occupancy
 Special Event Other:

Primary NFPA Building Occupancy Classification

<input type="checkbox"/> Assembly	<input type="checkbox"/> Detention & Correctional	<input type="checkbox"/> Residential
<input type="checkbox"/> Educational	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Lodging or Rooming House
<input type="checkbox"/> Day-Care	<input type="checkbox"/> Business	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Health Care	<input type="checkbox"/> Industrial	<input type="checkbox"/> Dormitory
<input type="checkbox"/> Ambulatory Health Care	<input type="checkbox"/> Residential Board & Care	<input type="checkbox"/> Apartment

Office use only

\$ _____ Fire/Life Safety Inspection Fee		
Inspector:	Date:	Time: