

# INITIAL INSPECTION REQUEST BUSINESS

NOTE: ALL BLANKS MUST BE COMPLETED OR REQUEST WILL BE RETURNED

FEE: 50.00 FEE MUST BE ACCOMPANIED BY REQUEST  
(Check or Money Order)

TO: Office of the State Fire Marshal  
1207 Quarrier Street 2<sup>nd</sup> Floor  
Charleston, WV 25301  
Attn: Inspection Division  
Phone: 304-558-2191 ext. 53214

I am requesting a fire safety inspection for the facility listed below:

NAME OF FACILITY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS OF FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

SPECIAL INSTRUCTIONS OR DIRECTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Internal Use Only		
Reference #	Check #	Invoice #
	Amount	