

# City of Palo Alto Fire Department Inspection Request

Assigned Inspector: \_\_\_\_\_ Date: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Permit #: \_\_\_\_\_  
Project Address: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Inspection Date Requested (Give 2):  
**Requires 72 hour advance notice** : \_\_\_\_\_ or \_\_\_\_\_ Am or Pm \_\_\_\_\_ Duration: \_\_\_\_\_ Hours

Inspection requested (select 1 per inspection. **NOTE – Fire Final inspection cannot be scheduled until .pdf drawings are received and approved by the Fire Prevention Bureau**):

- |   |   |
|---|---|
| <input type="checkbox"/> After Hours Inspection*  | <input type="checkbox"/> Sprinkler rough/overhead           |
| <input type="checkbox"/> Fire Alarm** ( <i>PRE TEST MUST BE PERFORMED AND SUBMITTED PRIOR TO INSPECTION</i> ) | <input type="checkbox"/> Sprinkler Final                    |
| <input type="checkbox"/> Use & Occupancy  | <input type="checkbox"/> Flush                              |
| <input type="checkbox"/> Underground Pipe   | <input type="checkbox"/> Final Fire                         |
| <input type="checkbox"/> Welding  | <input type="checkbox"/> Re-inspection*** (List type) _____ |
| <input type="checkbox"/> Hydrostatic  | <input type="checkbox"/> Special/Partial                    |
|   | <input type="checkbox"/> Hood and Duct                      |

\*After Hours Inspection - Fire Department Fee Schedule is as follows:

- a. *If the inspection is from 6 to 7 am or 6 to 7 pm on a weekday, the after hour inspection fee is \$150.00*  
b. *If the inspection is before 6 am or after 7 pm on a weekday or anytime on a weekend/holiday, the minimum after hour inspection fee is \$150.00 per hour with a 4 hour minimum charge (\$600.00)*

Type of Inspection and Reason for After Hours Inspection Request:

\_\_\_\_\_

\_\_\_\_\_

\*\*Fire alarm system must be on battery power for 24 hours prior to inspection. Notify Inspector when A/C power has been turned off.

### FOR DEPARTMENT USE ONLY

After Hours Inspection Request:

Approved Approved by: \_\_\_\_\_  
 Not Approved Date: \_\_\_\_\_

Notes from RMS Data Base:

\_\_\_\_\_

\_\_\_\_\_

**Pass / Fail**

\*\*\*Re-inspection Fees Due? Yes / No \_\_\_\_\_ Hours x \$ \_\_\_\_\_ = Total Due \$ \_\_\_\_\_

Inspection Information Entered Into Fire RMS:

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

Fax Form to (650) 327-6951 or Email Form to [fireinspectionsservices@cityofpaloalto.org](mailto:fireinspectionsservices@cityofpaloalto.org)