

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334**Phone: 404-656-7087 ♦ Fax: 678-717-5877 ♦ E-mail: Inspections@sfm.ga.gov**SAFETY FIRE
ENGINEERING & INSPECTIONS
GID-342-SF JAN2015
(same as FM50)**www.ocl.ga.gov**APPLICATION FOR INSPECTION**

This application is for the following inspection type:

Inspection Type: (check below)	Inspection Definition:
<input type="checkbox"/> 80%	When the structural components are in place and open for review by the Safety Fire Compliance Officer.
<input type="checkbox"/> 100%	When the building is ready to occupy and would qualify for a certificate of occupancy.
<input type="checkbox"/> Proposed/New Use	Change of Occupancy
<input type="checkbox"/> Annual	Performed once per year.
<input type="checkbox"/> System:	Where systems are modified, replaced or installed separate from new construction.
<input type="checkbox"/> Alarm	
<input type="checkbox"/> Sprinkler	
<input type="checkbox"/> Complaint	Where an investigation is warranted pursuant to safety concerns.
<input type="checkbox"/> Consultation	Where a Fire & Life Safety Systems building evaluation is warranted.

Note: Structural components include the following: Firewalls, smoke barriers, vertical shafts, stairways, smoke stops, hazardous area separation, roofs, ceiling assemblies, corridors and door widths, and HVAC systems.**Notify the State Fire Marshal's Office in writing at least 21 days prior to the date the facility will be ready for inspection. Indicate date the facility will be ready for inspection: _____.**Pursuant to the provision and regulations of the Georgia Safety Fire Law, I, _____
Owner/Authorized Representativehereby submit application and request a preliminary inspection of _____
Project Namelocated at _____
Facility Name_____
Street City Zip Code County

The facility was approved under State Construction Permit No. _____ dated _____

Job Site Contact Title Phone Number_____
Signature of Applicant Phone Number (required) Email AddressApplicant Mailing Address:_____
Street City State Zip Code**For Office Use Only**

File No.		Date Received		Inspector	
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