

## AMARILLO FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

## 821 S. Johnson Amarillo TX 79101-1354



## FIRE INSPECTION REQUEST FORM

Ch	neck#: Re	ceipt #:	Amount Paid:			
*Pl	lease fill this form or	ut completely.				
Name:		Date:				
Bus	iness name (if applicable)	):				
Ada	dress:		City:	State:	Zip:	
Pho	ne:	Fax:	E-Mail:			
Owi	ner/Manager/Responsibl	le Party:				
	Dection Type: Day Care Up to 50 Day Care 51 to 150 S Day Care Over 150 S	\$80.00	150 plus \$40.00 for each add	litional 100 or	fraction thereof	
□ □ □ the	Foster/Group Hom Foster/Group Hom Foster/Group Hom reof	e/Shelter 6 to 15		0.00 for each	additional 15 or fractic	n
□ □ frac	Nursing Home Up Nursing Home 51 to Nursing Home Ove etion thereof	o 100 Beds \$240.		580.00 for eacl	n additional 100 beds c	r
□ □ frac	Hospital Up to 100 Hospital 101 to 200 Hospital Over 200 1 etion thereof	Beds \$400.00	r first 200 beds plus \$80.00	for each addi	tional 100 beds or	
	Other Up to 2,500 s Other 2,501 to 5,000 Other 5,001 to 10,00 Other 10,001 to 50,0 Other Over 50,000 reof	0 \$80.00 00 \$120.00 000 \$160.00	50,000 sq. ft. plus \$40.00 f	or each additi	onal 25,000 or fraction	ı