

AMARILLO FIRE DEPARTMENT FIRE MARSHAL'S OFFICE

821 S. Johnson Amarillo TX 79101-1354

806-378-4238

FIRE INSPECTION REQUEST FORM



Ch	eck #: Receipt #: Amount Paid:
*Pl	ease fill this form out completely.
Nan	ne:Date:
Busi	iness name (if applicable):
Add	ress (to be inspected):
City	z: State: Zip:
Pho	ne: Fax: E-Mail:
Own	ner/Manager/Responsible Party:
	Pection Type: Day Care (child or adult) \$100 Foster/Group Home/Shelter 1 to 5 \$50 Foster/Group Home/Shelter 6 or more* \$100 *Additional \$10 per home for more than 1 home from the same applicant within the same zip code
	Nursing Home Up to 50 Beds \$200 Nursing Home 51 to 100 Beds \$250 Nursing Home 101 or more Beds \$300
	Hospital Up to 200 Beds \$350 Hospital 201+ Beds \$600
	Assembly/Other Up to 5,000 sq. ft \$50.00 Assembly/Other 5,001 to 10,000 \$100 Assembly/Other 10,001 to 50,000 \$125 Assembly/Other Over 50,001 to 100,000 sq. ft \$150 Assembly/Other Over 100,001 sq. ft \$200 plus \$50 for each additional 25,000 sq. ft

If a reinspection is required, the first inspection is free. The second inspection is \$25, and then \$50 per subsequent inspection after that