



LIFE SAFETY INSPECTION

BUILDING SERVICES



Date: _____ Project Address: _____

Inspection No: _____

Business Owner: _____

Email: _____

Phone: _____ Fax: _____

Designated Representative (if different than business owner): _____

Email: _____

Phone: _____ Fax: _____

Permit History

Most Recent Land Use Permit: _____

Initial Land Use Permit: _____

Most Recent Building Permit: _____

Signature: _____ Printed Name: _____