



Seattle Fire Marshal's Office
 220 3rd Avenue South, 2nd Floor
 Seattle, WA 98104
 (206) 386-1450

CONSTRUCTION-RELATED INSPECTION REQUEST FORM

For regular (non-overtime) inspections

<p>SECTION 1: REQUESTING PARTY/FINANCIALLY RESPONSIBLE PARTY</p> <p>Name: _____</p> <p>Company name: _____</p> <p>Billing address: _____</p> <p>Phone: _____ Email: _____</p> <p>SDCI Proj #: _____ PO#: _____</p> <p>SDCI Electrical (FA) Permit Required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date Finaled: _____. <i>Note: inspections will not be scheduled until SDCI electrical permits are signed off.</i></p>	<p>SECTION 2: JOB INFORMATION</p> <p>Inspection or job address: _____</p> <p>Inspection type: _____</p> <p>Number of devices and/or scope of work: _____</p> <p>Onsite contact name: _____</p> <p>Contact phone: _____ Email address: _____</p>
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SECTION 3: INSPECTION REQUEST INFORMATION

1 st choice date: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Mid-day	<input type="checkbox"/> Afternoon	If available, preferred time: _____
2 nd choice date: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Mid-day	<input type="checkbox"/> Afternoon	If available, preferred time: _____
3 rd choice date: _____	<input type="checkbox"/> Morning	<input type="checkbox"/> Mid-day	<input type="checkbox"/> Afternoon	If available, preferred time: _____

Has this jobsite/project already received an SFD inspection? Yes No

If yes, name of SFD inspector on this project (if available): _____

SECTION 4: INSPECTION PREREQUISITES – INITIALS REQUIRED *Note: Call the Engineering Lieutenant at (206) 386-1447 with questions.*

The following items must be addressed prior to the arrival of the SFD inspector.

1. All required equipment and personnel, including those with relevant certification, are onsite.
2. All required pre-tests are completed and paperwork available for inspector.
3. Proof of SDCI electrical permit signed off, if applicable.
4. Proof of SDCI certification for elevators (final white tag), if applicable.
5. Stamped/approved set of fire system plans (sprinkler, alarm, etc.) are available for inspector, if applicable.
6. Sprinkler piping is not covered by dry wall or ceiling tiles, and is visible for the inspector, if applicable.
7. Underground sprinkler supply line is not covered and is visible for the inspector, if applicable.
8. Fire Department Plan Review Letter requirements have been met.

My initials acknowledge I will meet all inspection prerequisites: _____

SECTION 5: INSPECTION CANCELLATION POLICY

Once inspection dates/times have been provided to the customer, customers must cancel or reschedule the inspection in writing at least 24 hours prior to the inspection to avoid cancellation/change fees. To cancel, send email with inspection date, time, location, and type to SFD_FMO_Engineering@seattle.gov.

INSTRUCTIONS FOR SUBMITTING THIS FORM TO REQUEST AN INSPECTION

1. All fields must be filled out completely. Incomplete forms will not be processed and will delay assigning an inspector.
2. Save this form, attach to email, and send to SFD_FMO_Engineering@seattle.gov. You will be contacted by the Fire Marshal's Office to finalize the inspection date and time.
3. Please note your inspection request should not be considered final until it is confirmed by the Fire Marshal's Office.

OFFICE USE ONLY		
Inspector: _____	Supervisor Authorization: _____	Shift Ext?: Yes <input type="checkbox"/> No <input type="checkbox"/>