Inspection Application

Please check one of the following:

□ New Facility (not requiring permitting under Montgomery County Fire Code)  □ Annual Inspection

Business/Personal Information:

Business Name: _________________________ Owner Name: _________________________

Site Address: ___________________________ City: __________________ Zip: _____________

Contact Person: _________________________ Phone: _______________ Fax: _______________

Type of Occupancy Licensed: ___________________________ Number of Persons Licensed for: ______

Fees (please check one of the following):

□ Listed/Registered/Licensed Child Care Home $100  □ Licensed Day Care Center $150
□ Foster Home, 1-6 children $50  □ Foster Group Home 6-12 children $100
□ Hospital or Nursing Home (per Structure) $325  □ Other 24-Hr Facility $250
□ Existing Commercial Occupancy $250  □ Occupancy Load Evaluation $50
□ Fire Lane Design $200  □ Inspections Assistance $100
□ Other Inspections (per Hour) $50  □ Hazardous Materials Occupancies $250
□ Fireworks Retail Stand (per Season/Site) $200  □ Fireworks Indoor Site (per Season/Site) $200
□ Fireworks Storage Facility (per Year) $400  □ Public Display (1.3 or 1.4 per Display) $200
□ Non-Public Education Facilities (per Structure) $200  □ After Hours (before 8AM or after 5PM) $500
□ Expedited (less than 5 days) $500  □ Re-Inspect Fee $250  ½ Original Permit Fee

All fees for inspections including additional fees for re-inspection and expedited inspections must be paid in advance prior to the inspection taking place. Application may be delivered in person or by mail accompanied by check, exact monies or money orders for all applicable fees. Payment should be made to Montgomery County Fire Marshal’s Office.

Check and Date All That Apply:

□ Fire alarm System: ___/___/___ Company: ___________________________
□ Fire Sprinkler System: ___/___/___ Company: ___________________________
□ Fire Extinguisher(s): ___/___/___ Company: ___________________________
□ Vent Hood Suppression: ___/___/___ Company: ___________________________
□ Gas Leak Test: ___/___/___ Company: ___________________________

FOR OFFICE USE ONLY

Total Paid: ____________ Receipt No: _________________ Check No.: ____________ Date: ____________