



Pioneer Fire Protection District Business Inspection

7061 Mount Aukum Rd. Somerset, CA 95684
P.O. Box 128 (530) 620-4444 Fax (530)620--4317

Date:	<input type="text"/>	Inspection Number	<input type="text"/>	Permit #:	<input type="text"/>
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Business Name:	<input type="text"/>
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Business Address:	<input type="text"/>
	Number Street City State Zip

Type of Inspection	<input type="checkbox"/> Residential care <input type="checkbox"/> Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Commercial <input type="checkbox"/> Storage <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Driveway <input type="checkbox"/> Water Tank <input type="checkbox"/> Temporary (tent) <input type="checkbox"/> Pre-Plan <input type="checkbox"/> Civil <input type="checkbox"/> Solar <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Assembly <input type="checkbox"/> Occupancy Cert <input type="checkbox"/> Other: Click here
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Mailing Address:	<input type="text"/>
	Number Street (PO Box) City State Zip

Main Contact Person:	<input type="text"/>	Phone:	<input type="text"/>
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Email:	<input type="text"/>	Type of Construction:	<input type="checkbox"/> I Fire Resistive <input type="checkbox"/> II Non-Combustible <input type="checkbox"/> III Ordinary <input type="checkbox"/> IV Heavy Tim <input type="checkbox"/> V Wood frame/Combustible <input type="checkbox"/> Mobile/Modular <input type="checkbox"/> HUD <input type="checkbox"/> Other
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Does the building have sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupancy Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> U # <input type="text"/> <input type="checkbox"/> Agriculture <input type="checkbox"/> Commercial <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> other
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Manager Name/Address:	<input type="text"/>	Phone:	<input type="text"/>
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Emergency Contact Name & Address:	<input type="text"/>	Phone:	<input type="text"/>
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2 nd Emergency Contact Name & Address:	<input type="text"/>	Phone:	<input type="text"/>
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Note: Fees for inspections must be paid prior to inspection; all other fees will be collected after inspection has been completed. I _____, have received a copy of the fee schedule and acknowledge that payment of all fees must be paid prior to inspection, even if the business is abandoned & understand re-inspection fees. Initials: _____

Office use only: Ready for inspection Yes/No Approved for inspections Yes/No (fees paid) Date: _____