

John Hickenlooper  
Governor

James Davis  
Executive Director

Kevin Klein  
Division Director



## Colorado Department of Public Safety

### Division of Fire Safety

Public School Section

690 Kipling Street, Suite 2000

Lakewood, CO 80215

Phone: 303-239-4600; Fax: 303-239-5887

<http://dfs.state.co.us>

# INSPECTION REQUEST FORM

## INSTRUCTIONS:

- Submit this form to the Division of Fire Safety to request inspection. This form shall be submitted at least 5 days prior to the requested inspection date.
- This inspection request form may be sent via e-mail to [DFS-inspections@cdps.state.co.us](mailto:DFS-inspections@cdps.state.co.us) or by fax 303-239-5887.
- If you have any questions regarding this form please call 303-239-4600.
- A stamped copy of state approved plans, permit, and inspection card must be maintained on the job site

Check this box to indicate that state approved plans, permit, and inspection card will be available on the job site for the inspection. If this box is left unchecked your inspection will not be scheduled. If this box is checked and state approved plans, permit, or inspection card are not available a re-inspection fee may be assessed.

1.) PERMIT NUMBER: \_\_\_\_\_ COUNTY: \_\_\_\_\_

2.) PROJECT OWNER NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

3.) GENERAL CONTRACTOR / INSTALLER: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

4.) TYPE OF INSPECTION: \_\_\_\_\_

5.) REQUESTED INSPECTION DATE: \_\_\_\_\_ REQUESTED INSPECTION TIME: \_\_\_\_\_

6.) ONSITE CONTACT NAME: \_\_\_\_\_ ONSITE CONTACT PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_