



APPLICATION FOR SAFETY INSPECTION

Application Date: _____/_____/_____

Applicant's Name: _____

Applicant's Address _____

Applicant's Phone: _____

Property Owner Name: _____

Property Owner Address: _____

Property Owner Phone: _____

Address of Property: _____

Proposed Use of Property: _____

OFFICE USE ONLY

Meets Current Commercial Zoning: Yes No Required Zoning: _____

Meets Current Residential Zoning Yes No Required Zoning _____

Minimum Electrical standards met: Yes No

Reason for rejection: _____

RE-INSPECTION

Meets Current Commercial Zoning: Yes No Required Zoning: _____

Meets Current Residential Zoning Yes No Required Zoning _____

Minimum Electrical standards met: Yes No

Reason for rejection: _____

Building Official: _____ Date: _____