



# IDAHO FALLS FIRE DEPARTMENT

Fire Prevention Division  
625 Shoup Avenue, Idaho Falls, ID 83402  
(208) 612-8497

## FIRE INSPECTION REQUEST

**Requested Fire Inspection Fee \$70 per hour**

Business Name: \_\_\_\_\_

Address of Inspection: \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Hours x \$70

\_\_\_\_\_ TOTAL

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all City ordinances, adopted codes, and State laws relating to the operations and processes described above. I hereby authorize representatives of this City to inspect any operation or process for compliance purposes before issuing inspection report. I am either the owner of the business or the contractor responsible for the work and represent the owner, and am acting with the owner's full knowledge and consent.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DO NOT WRITE IN THIS SPACE – OFFICIAL USE ONLY**

Receipt # \_\_\_\_\_

Collected By: \_\_\_\_\_

Inspection Completed On: \_\_\_\_\_

By: \_\_\_\_\_