

**City Of Orlando**  
**Fire Department**  
**Fire Safety Management Division**  
**400 South Orange Avenue**  
**Orlando, Florida 32801**  
**(407) 246-2386**

**FIRE SAFETY  
INSPECTION REQUEST**

Date \_\_\_\_\_

**Facility Information:**

Name of business or event: \_\_\_\_\_

Address/Location: \_\_\_\_\_ Suite \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name of  
Owner/Agent Contact \_\_\_\_\_

Address \_\_\_\_\_ Suite \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**Type of Inspection**

DCF, DBPR, Health, or other licensing

Open Burning Date of Event \_\_\_\_\_

Special Effects/Pyrotechnics Date of Event \_\_\_\_\_

Temporary Place of Assembly Date of Event \_\_\_\_\_

Flammable/Combustible Liq. Storage  
Hazardous Material Storage

**Fire Department Only**

Firewatch Date of Event \_\_\_\_\_

No. of Hours \_\_\_\_\_

Total Cost \_\_\_\_\_