

CITY OF COLUMBUS  
 COLUMBUS DIVISION OF FIRE  
 FIRE PREVENTION BUREAU / PLANS REVIEW  
 3639 PARSONS AVENUE  
 COLUMBUS, OH 43207  
 614-645-7641 EX 75628  
 614-645-6637 FAX



## REQUEST FOR AFTER-HOURS INSPECTION

Any item incomplete on this form may cause a delay in approval of this request

<b>1. Project Information</b> (Black or Blue ink only) PART 1. REQUIRED FOR ALL SUBMITTALS	Provide Information on the name of this specific project, tenant, lease space, scope of work, etc.		
<b>Project Name:</b>		Building Department Permit Number:	
<b>Address:</b>			
<b>Suite or Space:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Date and Time:</b>	<b>DATE:</b>	<b>TIME:</b>	
<b>Reason:</b>			
Part 2. Required for all submittals	<b>2. Type of Inspection</b>		
<b>SYSTEM TYPE:</b>	Number of Devices:		
<input type="checkbox"/> Fire Alarm System			
<input type="checkbox"/> Kitchen Hood Suppression System			
<input type="checkbox"/> Fire Suppression System			
<input type="checkbox"/> Dry Chemical <input type="checkbox"/> Clean Agent <input type="checkbox"/> Halon <input type="checkbox"/> Paint Spray Booth			
<input type="checkbox"/> Sprinkler System			
<input type="checkbox"/> Standpipe System			
<input type="checkbox"/> Life Safety			
Part 3. Contractor Information	<b>3. Person or Company Requesting</b>		
Person's Name:	<b>Last:</b>	<b>First:</b>	<b>MI:</b>
E-mail Address:			
Mailing Address:			
City:	State	Zip	
Telephone: (    )	Fax: (    )		

**Request:** Request must be received three (3) business days in advance: Each request will processed in a timely fashion and every effort will be made to honor each request. The request may be mailed, faxed, or hand delivered to the Fire Prevention Bureau.

**FEE:** The requester shall be charged a fee of an hourly rate, minimum of 4 hours, plus additional \$30.00 trip charge, Inspector is \$103.02 x 4 hours = \$412.08 plus trip rate \$30.00 = Total \$442.08 (ORC: 250.06.5.3, Fee Code: 31-020)  
**NO PAYMENT DUE UNTIL AN INVOICE IS RECEIVED.**

**CANCELLATION:** If the inspection is canceled, the requester must notify the Fire Prevention Bureau – Plans Review Section **no later than 2:00 pm** the day of the inspection or the minimum inspection fee of \$.298.92 will be charged. Cancellation Numbers: (614) 645-8673; (614) 645-7641 (Ext. 75628)

I have read and understand the rules and responsibilities stated above: \_\_\_\_\_  
**Signature of Applicant**

<b>OFFICIAL USE ONLY</b>	Inspector Assigned:
	Signature of Plans Review Officer:
	Overtime Authorized by Fire Marshal:
	Check Number: _____ Check Amount: \$ _____