

## CITY OF OAKLAND OAKLAND FIRE DEPARTMENT, FIRE PREVENTION BUREAU 250 FRANK H. OGAWA PLAZA, SUITE 3341 OAKLAND, CA 94612-2032

Information:





## "ANNUAL INSPECTION/STATE MANDATED" IN-TAKE REQUEST FORM

All inspection requests are processed in the order received. Cost of inspections: \$486 per hour or \$730 per hour for
After Hours with a 2.5 hour minimum (\$1,825). Cost of annual permits: \$242 per required permit. We will try to
accommodate your requested dates and time. You will receive an email confirmation with your actual inspection date and time.
DATE: Company/Business Name:
Type of service (Check what applies):
☐ STATE MANDATED INSPECTION REQUEST
$\square$ <b>PUBLIC ASSEMBLY</b> ( $\square$ Churches, $\square$ Bars/Clubs, $\square$ Galleries, $\square$ Funeral Parlors, $\square$ Arenas
$\square$ Transit Systems, $\square$ Outdoor Facilities $\square$ Dining, $\square$ Halls, and $\square$ Other
$\square$ <b>EDUCATIONAL</b> ( $\square$ Public, $\square$ Private, $\square$ Charter, $\square$ Catholic, $\square$ Trade, $\square$ Care Facility,
□ OTHER)
$\square$ <b>INSTITUTIONS</b> ( $\square$ Correctional, $\square$ Hospitals, $\square$ Adult Care, $\square$ Child Day Care)
$\square$ <b>RESIDENTIAL</b> ( $\square$ Apartment complexes, $\square$ Hotel/Motel, $\square$ Boarding House, $\square$ Live Work,
$\square$ Assisted Living, $\square$ Social Rehabilitation, $\square$ Lodging House, $\square$ Other)
☐ HIGH RISE
$\square$ <b>MID RISE</b> ( $\square$ RESIDENTIAL $\square$ COMMERCIAL, $\square$ MIXED USE)
□ B OCCUPANCIES
☐ U OCCUPANCIES
☐ COMMERCIAL KITCHEN
OTHER
□ * HAZARD MATERIALS PROGRAM
□ *FACTORIES
□ *HAZARDOUS MATERIALS FACILITY (□ H GROUP, □ S GROUP, □ F GROUP)
□ *HIGH PILED COMBUSTIBLE STORAGE
□ OTHER CASTD 970 AND WAS EXPECTED BY STANDARD CASTD 970 FOR A STANDARD PART PART PART PART PART PART PART PART
CA STD 850 ANNUAL FIRE CLEARANCE (PLEASE INCLUDE CA 850 FORM OR CONTACT EVALUATOR)
Inspection Address:
FLOOR/SUITE OR SPECIAL INSTRUCTIONS:
Number of Floors and Units:
On-Site Contact:
On-Site Contact Cell Phone Number:
REQUESTED DATE, TIME AND DURATION:
CONTACT FOR PAYMENT(NAME/PHONE/EMAIL):

\* Hazardous Materials Inspections.