



CITY OF OAKLAND
OAKLAND FIRE DEPARTMENT, FIRE PREVENTION BUREAU
250 FRANK H. OGAWA PLAZA, SUITE 3341
OAKLAND, CA 94612-2032
Information:
fbpreceptionist@oaklandca.gov



ANNUAL INSPECTION IN-TAKE REQUEST FORM

All inspection requests are processed in the order received. Cost of inspections: **\$500** per hour or **\$751** per hour for After Hours with a 2.5 hour minimum (**\$1,877.50**). Cost of Annual Permits: **\$249**. We will try to accommodate your requested dates and time. You will receive an email confirmation with your actual inspection date and time.

DATE SUBMITTED:

TYPE OF SERVICE (CHECK ALL THAT APPLY): BUSINESS/COMPANY NAME:

- STATE MANDATED INSPECTION REQUEST
 - PUBLIC ASSEMBLY (CHURCHES, BARS/CLUBS, GALLERIES, FUNERAL PARLORS, ARENAS, TRANSIT SYSTEMS, OUTDOOR FACILITIES DINING, HALLS, AND OTHER)
 - EDUCATIONAL (PUBLIC, PRIVATE, CHARTER, CATHOLIC, TRADE, CARE FACILITY, AND OTHER)
 - INSTITUTIONS (CORRECTIONAL, HOSPITALS, ADULT CARE, CHILD DAY CARE)
 - RESIDENTIAL (APARTMENT COMPLEXES, HOTEL/MOTEL, BOARDING HOUSE, LIVE WORK, ASSISTED LIVING, SOCIAL REHABILITATION, LODGING HOUSE, OTHER)
 - HIGH RISE
 - MID RISE (RESIDENTIAL COMMERCIAL, 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
- CA STD 850 FIRE CLEARANCE (PLEASE INCLUDE CA 850 FORM OR CONTACT EVALUATOR)

INSPECTION ADDRESS: FLOOR/SUITE:

SPECIAL INSTRUCTIONS:

ON-SITE CONTACT: CONTACT CELL #:

NUMBER OF FLOORS & UNITS : REQUESTED DATE, TIME AND DURATION:

APPLICANT/CONTACT NAME FOR PAYMENT:

APPLICANT/CONTACT FULL ADDRESS (INCLUDE CITY/STATE/ZIP):

APPLICANT/CONTACT PHONE # (INCLUDE AREA CODE): EMAIL:

* Hazardous Materials Inspections

By signing this document, I acknowledge and agree that:

- I am the duly authorized representative for the applicant submitting this inspection request.
- The information furnished or provided is true and correct.
- I agree to pay the required fee (per the City's Master Fee Schedule) AFTER your property/premises have been inspected.

TYPE APPLICANT NAME OR AFFIX SIGNATURE TITLE OF PERSON SIGNING DATE