



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



“NEW CONSTRUCTION/TENANT IMPROVEMENT” IN-TAKE REQUEST FORM
ALL INSPECTION REQUESTS MUST HAVE APPROVED PLANS/PERMITS PRIOR TO SCHEDULING

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). We will try to accommodate your requested dates and time. You will receive an email confirmation with your actual inspection date and time.

DATE: _____

BUSINESS NAME: _____

TYPE OF SERVICE (CHECK WHAT APPLIES):

NEW CONSTRUCTION INSPECTION REQUEST

SPRINKLER (HYDRO ROUGH VISUAL WELD FINAL OTHER _____)

FIRE ALARM (FINAL PARTIAL ELEVATOR RECALL 24 HR BATTERY)

2-WAY COMMUNICATION

ERRCS ACCEPTANCE TEST (2 INSPECTORS ARE REQUIRED AND MUST HAVE 3RD PARTY TEST COMPLETED 1ST)

FIRE PUMP

SUPPRESSION SYSTEMS (HOOD FM200 OTHER _____)

UNDERGROUND (HYDRO VISUAL FLUSH (EMBUD MUST BE SCHEDULED) FINAL)

SOLAR PANEL/BATTERY STORAGE SYSTEM

*TCO REQUEST (PLEASE INCLUDE **APPROVED** PHASE/PHASE PLAN)

*FIRE/BLDG FINAL (ALL FIRE LIFE SAFETY SYSTEMS MUST BE COMPLETELY APPROVED)

EVACUATION MAPS

OTHER _____

*** SPECIAL EVENTS INCLUDING TENTS, FAIRS, AND SEASONAL LOTS (PLEASE INCLUDE SPECIAL EVENTS FORM)

CA STD 850 FIRE CLEARANCE (PLEASE INCLUDE CA 850 FORM OR CONTACT EVALUATOR)

INSPECTION ADDRESS: _____

FLOOR/SUITE OR SPECIAL INSTRUCTIONS: _____

ON-SITE CONTACT: _____

ON-SITE CONTACT CELL PHONE NUMBER: _____

APPROVED PLANS/PERMIT #: _____

NUMBER OF HEADS/DEVICES: _____

REQUESTED DATE, TIME AND DURATION: _____

CONTACT FOR PAYMENT(NAME/PHONE/EMAIL): _____

* All TCO and Fire/Bldg Final requests MUST have approved documentation from the Building Department BEFORE scheduling and approval, AND ALL Fire Life Safety Systems MUST be completely approved.