



**CITY OF OAKLAND**  
**OAKLAND FIRE DEPARTMENT, FIRE PREVENTION BUREAU**  
**250 FRANK H. OGAWA PLAZA, SUITE 3341**  
**OAKLAND, CA 94612-2032**  
**Information:**  
**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: **\$500** per hour or **\$751** per hour for After Hours with a 2.5 hour minimum (**\$1,877.50**). 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: \_\_\_\_\_ PERMIT # FOR APPROVED PLANS: \_\_\_\_\_

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

- 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 3<sup>RD</sup> PARTY TEST COMPLETED 1<sup>ST</sup>)
  - 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/BUILDING FINAL (ALL FIRE LIFE SAFETY SYSTEMS MUST BE COMPLETELY APPROVED)
  - EVACUATION MAPS
  - 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 HEADS/DEVICES: \_\_\_\_\_ REQUESTED DATE, TIME AND DURATION: \_\_\_\_\_

APPLICANT OR CONTACT FOR PAYMENT: \_\_\_\_\_

APPLICANT OR CONTACT FULL ADDRESS: \_\_\_\_\_

APPLICANT OR CONTACT PHONE # (INCLUDE AREA CODE): \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

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) before an inspection is scheduled.

\_\_\_\_\_  
 TYPE APPLICANT NAME OR AFFIX SIGNATURE TITLE OF PERSON SIGNING DATE