



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 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/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