



Lima Fire Department

433 South Main Street Lima, Ohio 45804-1287
419/221-5151 Fax 419/221-5154



APPLICATION # _____

BUILDING LOCATION:

Address _____

APPLICANT INFORMATION:

___ Owner ___ Contractor ___ Agent ___ Designer

Company/Business: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

PROPERTY OWNER INFORMATION:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

BRIEF DESCRIPTION OF THE REASON FOR THE INSPECTION:

TYPE OF SYSTEM(S): Check all systems your building has

- ___ Sprinkler System
- ___ Fire Alarm System
- ___ Hood Suppression System

TYPE OF INSPECTION:

Existing Building

- ___ Alteration \$ 75.00
- ___ Addition \$ 75.00
- ___ Hood Suppression (Initial inspection) \$ 75.00
- ___ Adoption Home / Foster Home \$ 45.00
- ___ Daycare (5 or less) \$ 45.00
- ___ Daycare (more than 5) \$ 60.00
- ___ Group Homes \$ 60.00
- ___ Dorms / Efficiency Apartments \$ 60.00
- ___ Business / Office \$ 50.00
- ___ Institution (Ex: Hospital/Jail) \$ 50.00
- ___ Reinspection fee for failed inspection \$ 45.00

New Building Construction

- ___ New System \$175.00
- ___ 1st Follow up inspection \$ 45.00
- ___ 2nd Follow up inspection \$ 85.00
- ___ 3rd Follow up inspection \$125.00
- ___ 4th Follow up inspection \$175.00
- ___ Subsequent follow up inspections \$ _____
- Increased in \$50.00 increments

Total Inspection Fees: \$ _____

CERTIFICATION:

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. I certify that all statements made on this application are true and correct to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.

Signature _____ Title: Owner _____ Contractor _____ Agent _____

Print Name _____ Date _____

TO SCHEDULE AN INSPECTION PLEASE CALL 419-221-5150

Please submit application to Building & Zoning, 50 Town Square, Lima, OH 45801

Phone: 419-221-5243 Fax: 419-221-5189

Make checks payable to Treasurer, City of Lima.

THE AREA BELOW IS FOR OFFICIAL USE ONLY:

Date received _____

Processed by: _____

Paid by: Cash _____ Check No: _____

Credit Card Verification # _____

Walk In ___ Mail In ___ Email ___ Fax ___

Date Inspection passed: _____

Notes: