

INITIAL INSPECTION REQUEST DAY CARE

NOTE: ALL BLANKS MUST BE COMPLETED OR REQUEST WILL BE
RETURNED

FEE: 25.00 FEE MUST BE ACCOMPANIED BY REQUEST
(Check or Money Order)

TO: Office of the State Fire Marshal
1700 MacCorkle Avenue SE – 4th Floor North
Charleston, WV 25314
Attn: Inspection Division
Phone: 304-558-2191

I am requesting a fire safety inspection for the facility listed below:

NAME OF FACILITY: _____

CONTACT PERSON: _____

ADDRESS OF FACILITY: _____

CITY: _____ ZIP CODE: _____

COUNTY: _____

CONTACT PHONE: _____ OTHER PHONE: _____

SPECIAL INSTRUCTIONS OR DIRECTIONS: _____

Internal Use Only		
Reference #	Check #	Invoice #
	Amount	