



PROSPER FIRE RESCUE

FIRE MARSHAL'S OFFICE

PO Box 307

911 Safety Way

Prosper, Texas 75078

Phone (972) 346-9469 Fax (972) 347-3010 www.prosperfire.com

Inspection Request Form

Date: _____

Email to: fire.inspections@prosperfire.com

Inspection Type: ☐ Annual Inspection ☐ Re-Inspection Fee ☐ After-Hours Inspection

Description: _____

To be filled out by business/person applying for inspection. Please print clearly.

Name of Company: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Company Phone: _____ Company Fax: _____

Company Email: _____

Name of Applicant: _____

Permit #: _____ (if applicable)

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

INSPECTION FEES:

☐ Inspection Fee - \$150.00 ☐ Re-inspection Fee - \$150.00 ☐ After-Hours Inspection - \$150.00
(Per hour one-hour minimum)

Submit a copy of the inspection fee receipt with the inspection request form.

I hereby certify that the above application is complete and correct to the best of my knowledge. The undersigned applicant certifies that the project described herein will be built in accordance with the plans and specifications submitted. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or performance of construction.

CANCELLATIONS

Notice of cancellations must be made 24 hours in advance or re-inspection fees will be accessed.

Print Name

Date

Signature

Submit a copy of the inspection fee receipt with the inspection request form.