



PRE-INSPECTION APPLICATION

Pre-Inspection Fee: \$306 per facility payable to City Treasurer

Applicant Name			
Business Site Name			
Address (number, street, building)	City	State	Zip Code
Inspection Contact Name	Phone	Email	

Facility Type

- Large Family Daycare
 Residential Care Facility

Ambulatory:	Nonambulatory:	Bedridden:	Total:

Applicant Signature

Print Name

Date

**Mail this application with check (payable to City Treasurer) to:
San Diego Fire-Rescue Department
Community Risk Reduction Division - Pre-Inspection Clerk
525 B Street, Suite 300
San Diego, CA 92101**

FOR OFFICIAL USE ONLY

Receipt # _____

Check # _____