



VIRGIN ISLANDS FIRE AND EMERGENCY MEDICAL SERVICES

INSPECTION APPLICATION FORM



St. Thomas/St. John: 1005 Ross Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032



NO SMOKING
IT IS AGAINST THE
LAW TO SMOKE IN
THESE PREMISES

Fees - Business Inspection: **\$150.00 per year**
Non-Profit Organizations: **\$50.00... Processing Fee**
Time Consumption Fee- Class "A" \$100.00 (15,001sq.ft. or more) / Class "B" \$50.00 (3001 – 15,000 sq.ft.)
Late Fees – **10% of Inspection Fee per month past expiration date**
Failed Business RE-Inspection: **\$50.00**
Lost or Misplaced Last Fire Certificate: **\$180.00**



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PLEASE PRINT CLEARLY SO THAT YOUR APPLICATION MAY BE PROCESSED PROMPTLY

TYPE OF BUSINESS INSPECTION: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> HOME <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> DLCA FORM		
LICENSEE:	LICENSEE PHONE:	OCCUPANCY SQUARE FOOTAGE:
BUSINESS NAME:	BUSINESS PHYSICAL ADDRESS:	
BUSINESS MAILING ADDRESS:	BUSINESS PHONE:	BUSINESS OPERATIONAL HOURS:
CONTACT PERSON:	CONTACT PERSON PHONE:	TYPE OF BUSINESS:
DIRECTIONS TO BUSINESS:		

HAZARDOUS MATERIALS: Ex. (LP Gas, Chlorine, Flammable Liquids, Solvents etc.) ☐ Yes ☐ NO Type(s): _____ Quantities: _____

SPRINKLER SYSTEM: ☐ YES ☐ NO FIRE ALARM: ☐ YES ☐ NO FIRE PUMP: ☐ YES ☐ NO
FIRE ALARM COMPANY _____ PH: _____

Applicant's Signature _____ Date: _____

Official Use Only

Inspection Fee _____ Late Fee _____ Time Consum _____ Total Paid _____ Date Paid _____ Receipt # _____

Certificate No. _____ Expiration Date _____ Proposed Inspection Date _____

Inspected By: _____ Date: _____ ☐ Approved ☐ Disapproved

Comments: _____

Re-Inspection: Fee: _____ Date Paid: _____ Receipt #: _____

Re-Inspected By: _____ Date: _____ ☐ Approved ☐ Disapproved

Certificate
Received By: Print _____ Sign _____

Authorized Representative