



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



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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**

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