



# Pioneer Fire Protection District

## Smoke and CO Inspection

7061 Mount Aukum Rd. Somerset, CA 95684  
P.O. Box 128 (530) 620-4444 Fax (530)620--4317

Date:	<input type="text"/>	Inspection Number	<input type="text"/>	Permit #:	<input type="text"/>
Name:	<input type="text"/>				

Address:	<input type="text"/>				
	Number	Street	City	State	Zip

Type of Inspection	<input type="checkbox"/> Residential <input type="checkbox"/> Residential care <input type="checkbox"/> Duplex <input type="checkbox"/> Apartments <input type="checkbox"/> Residential facility <input type="checkbox"/> Temporary (tent) <input type="checkbox"/> Square footage _____ Number of Stories _____ <input type="checkbox"/> Other: <a href="#">Click here</a>
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Mailing Address:	<input type="text"/>				
	Number	Street (PO Box)	City	State	Zip

Main Contact Person:	<input type="text"/>	Phone:	<input type="text"/>
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Email:	<input type="text"/>	Type of Construction:	<input type="checkbox"/> I Fire Resistive <input type="checkbox"/> II Non-Combustible <input type="checkbox"/> III Ordinary <input type="checkbox"/> IV Heavy Tim <input type="checkbox"/> V Wood frame/Combustible <input type="checkbox"/> Mobile/Modular <input type="checkbox"/> HUD <input type="checkbox"/> Other
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Does the building have sprinklers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you paid inspection fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid: _____
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Manager Name/Address:	<input type="text"/>	Phone:	<input type="text"/>
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Emergency Contact Name & Address:	<input type="text"/>	Phone:	<input type="text"/>
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2 <sup>nd</sup> Emergency Contact Name & Address:	<input type="text"/>	Phone:	<input type="text"/>
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Note: Fees for inspections must be paid prior to inspection; all other fees will be collected after inspection has been completed. I \_\_\_\_\_, have received a copy of the fee schedule and acknowledge that payment of all fees must be paid prior to inspection, even if the business is abandoned & understand re-inspection fees. Initials: \_\_\_\_\_

Office use only: Ready for inspection Yes/No    Approved for inspections Yes/No (fees paid) Date: \_\_\_\_\_