



Susanville Fire Department

Fire Inspection Application

1505 Main Street
Susanville, CA 96130
(530) 257-1061
fire@cityofsusanville.org



Date of Application: _____ Projected Date of Opening: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Business Owner: _____ Home Phone: _____

Business Manager: _____ Home Phone: _____

Building Owner: _____ Home Phone: _____

Description of primary type of business to be conducted: _____

Number of Employees: _____

Square Footage of Building: _____

Number and Location of Exits: _____

Number and Location of Fire Extinguishers: _____

Type of Heat: _____ Location of Heater: _____

Location of Heater Fuel Supply and Shut-Off: _____

Location of Electrical Panel and Main Disconnect: _____

Location of Water Shut-Off: _____

Types and Location of Hazardous Materials: _____
