

St. Lucia Fire Service

Manoel Street
P.O. Box 496, Castries
Tel: 1 (758) 455 - 6113 Fax: 1 (758) 452 - 3604
Email: firepredept@gmail.com

Building Fire Safety Appraisal Application Form

Architectural Firm: _____

Architect/Representative: _____ Position: _____

Address: _____

Mailing Address: _____

Tel. No.: _____ Mobile No.: _____ Email: _____

Client's Name: _____ Position: _____

Company/Organization: _____

Tel. No.: _____ Mobile No.: _____ Email: _____

Property Owner: _____ Tel. No. _____ Mobile No.: _____

Property Address: _____ Lot #: _____

Services Required:

- Erection of New Building** **Extension of Building** **Building Renovation** **Change of Use**
 Fire Safety Certificate **Re-inspection** **Other** _____

Use of Building: _____

No. of Stories of Proposed Building: _____

Ground Floor Area: _____ m² _____ sq. ft.

Total Building Area: _____ m² _____ sq. ft.

No. of Plans Submitted: _____

(Plans to be submitted in duplicate)

Date Submitted: _____

