

St. Lucia Fire Service

Manoel Street
P.O. Box 496, Castries
Tel: 1 (758) 455 - 6100 Ext :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: _____

Company/Organization: _____

Client's Name: _____ Position: _____

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 _____ sq²

Total Building Area: _____ m² _____ sq²

No. of Plans Submitted: _____

(Plans to be submitted in duplicate)

Date Submitted: _____

Signature: _____

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FOR OFFICIAL USE ONLY

Received By: _____

Date Received: _____

Plans Submitted:

- | | | | |
|------------------------------------------|-----------------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Equipment Layout | <input type="checkbox"/> Section Plans | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Fire Alarm Plan | <input type="checkbox"/> Location Plans | <input type="checkbox"/> Electrical Plan |
| <input type="checkbox"/> Elevation Plans | <input type="checkbox"/> Fire Equipment Layout Plan | <input type="checkbox"/> Details | <input type="checkbox"/> H VAC Plan |

Attached Fee: _____

Receipt No.: _____

Reference No.: _____

File No.: _____

Date of Property Inspection: _____

Inspectors: _____

Remarks: _____

Report Writer: _____

Follow-up Inspection Date: _____

Plan Resubmission Date: _____