

# Borough of Avalon

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640 California Avenue  
Avalon, PA 15202-2499  
Phone: 412-761-5820  
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## FIRE SAFETY INSPECTION APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ APPLICATION: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FEE: **\$75 PER UNIT** RECEIPT: # \_\_\_\_\_ @ \$ \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

# OF UNITS: \_\_\_\_\_ APARTMENT #(S) TO INSPECT: \_\_\_\_\_

LOT & BLOCK NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OWNER PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_

INSPECTION TIME: \_\_\_\_\_

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SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### DO NOT WRITE IN THIS AREA:

Initial inspection: PASS \_\_\_\_\_ FAIL \_\_\_\_\_

If required, date of second inspection: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_