



COMMERCIAL FIRE INSPECTION REQUEST FORM

Name of Applicant/Facility: _____

Contact Person: _____ Phone #: () _____

Address of Inspection: _____ Zip Code: _____

Email _____

PLEASE **“CHECK”** ONE OF THE FOLLOWING: **Payment Due at Submission of Application, Payable to Caln Township. Fee noted below INCLUDES a 5% administrative cost, 1 inspection and 1 follow up**

Assembly, Business, Institutional, Mercantile, Utility, and Storage Uses

- From 1 to 1,000 square feet \$105.00
- From 1,001 to 3,500 square feet \$126.00
- From 3,501 to 12,000 square feet \$152.25
- From 12,001 to 50,000 square feet \$178.50
- From 50,001 to 100,000 square feet \$204.75
- 100,001 square feet and more \$299.25

Factory and Industrial Use

- From 1 to 1,000 square feet \$105.00
- From 1,001 to 3,500 square feet \$152.25
- From 3,501 to 12,000 square feet \$173.255
- From 12,001 to 50,000 square feet \$199.50
- From 50,001 to 100,000 square feet \$252.00
- 100,001 square feet and more \$399.00

All High Hazard Use Groups

- Flat Fee \$451.50

Any additional Inspections

- Flat Fee Established Inspector Rate

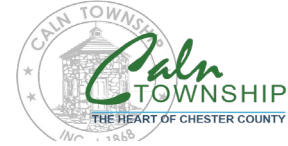
You will be contacted to schedule an inspection date and time.

DEPARTMENT OF BUILDING & LIFE SAFETY
Raymond Stackhouse, Director

253 Municipal Dr, Thorndale, PA 19372 | Phone: 610-384-0600 | Fax: 610-384-0689
codes@calntownship.org | www.calntownship.org



CALN TOWNSHIP



253 Municipal Drive Thorndale, PA 19372
Office: 610-384-0600
codes@calntownship.org

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ BUSINESS FAX: _____

OWNER'S NAME: _____ OWNER'S PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CALL LIST

NAME	TELEPHONE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

ALARM COMPANY: _____ TELEPHONE: _____

ALARM TYPE: (PLEASE CIRCLE ALL THAT APPLY) SILENT, HOLD-UP, FIRE, OTHER
SPRINKLER CO: _____ PHONE: _____

SPRINKLER ROOM LOCATION: _____ ELECTRICAL PANEL LOCATION: _____

GAS SHUT OFF LOCATION: _____

ARE THERE ANY HAZARDOUS MATERIAL STORED ON THE PREMISES? YES NO (CIRCLE ONE)
IF YES, WHAT TYPE: _____

THIS FORM IS USED IN AN EMERGENCY. PLEASE FILL OUT THIS FORM AND MAIL OR EMAIL IT BACK AS SOON AS POSSIBLE. ALSO PLEASE NOTIFY US IF ANY CHANGES TAKE PLACE SO THAT WE CAN KEEP OUR RECORDS UPDATED.