



**City of Annapolis**  
**Finance Office**  
 160 Duke of Gloucester Street  
 Annapolis, MD 21401-2517

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## Fire Inspection Request Form

**Requesting agency**

\_\_\_\_\_ Anne Arundel County Department of Social Services  
 Social Worker \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ MD State Department of Education, Office of Child Care  
 Licensing Spec. \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Other agency \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Provider information**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, MD Zip \_\_\_\_\_

License expiration \_\_\_\_\_

*Please check appropriate fee category:*

	_____ New		_____ Renewal	
_____ Family dwelling	RES 51	\$25.00	Current registered capacity	_____
_____ Family or Group Day Care Home	EDU 41	\$50.00	All children under 2	_____
_____ Day Care Center	EDU 51	\$70.00	Provider's own children under 2	_____

**Requester**, please send payment to Finance (above) for the category fee. Checks should be made payable to *City of Annapolis*. Visa and MasterCard credit card payments are accepted over the phone. A receipt will be forwarded to the Fire Marshall's Office promptly for the inspection to be scheduled.

**FOR CITY USE ONLY**

**Cashiers**

Post to account # 110 - 34200 - 3413 and send in entirety to FMO.

*Attach cash receipt here*

**FMO evaluation**

*Family Day Care*

Room	Play	Sleeping	Room	Play	Sleeping
Living room			Bedroom		
Kitchen			Bedroom		
Family room			Bedroom		
Den			Other room(s)		
Basement					
Basement					
Bedroom					

*Centers*

Is this located in a school?  Yes  No Current licensed capacity \_\_\_\_\_

Is the entire building approved?  Yes  No

If not, name rooms approved. \_\_\_\_\_

Name rooms **not** approved. \_\_\_\_\_

*Comments*

Passed  Failed  Reinspected Date \_\_\_\_\_



Inspector \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_