

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency
Family Licensing Division**



Kinship/Adoptive/Traditional Parents

Please complete the following request form in order to schedule your initial fire inspection.

After completion of attached form, you must go IN PERSON and complete a fire inspection application at:

THE OFFICE OF THE FIRE MARSHAL
WATERFRONT COMPLEX
1100 4TH STREET, SW
SUITE E-700
WASHINGTON, DC 20024
202-727-1600
(METRO: WATERFRONT: GREEN LINE)

Please retain a copy of the application submission given to you by The Office of the fire Marshal for your foster care licensing file.

Fire Inspections Are Time Sensitive Therefore Expeditious Submission Is Greatly Appreciated

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Request for Fire Inspection or Re-Inspection

Please complete the entire form in order to process your request

PART 1

(Applicant Information) ***You Must** Include Your Ward and Zip Code

Type of Home (Check One):

Kinship Traditional Adoptive

Name: _____ Provider ID # _____

Address: _____ APT: _____

*Ward: _____ *Zip Code: _____ Owner/Renter, if renter provide owner name, address

and phone number _____

Home # _____ Work/Other #: parent 1: _____ parent 2: _____

Name/Age of child(ren) in the home (kinship cases only) _____

PART II

(To be completed by the Referring Worker)

Referring Worker: _____ Phone #: _____

Supervisors Name: _____ Phone#: _____

Date Request Submitted: _____

IS THIS A COURT ORDERED CASE (please check correct response): Yes No

If yes attach a copy to this request

Date of Next Court Hearing? _____