

# Borough of Avalon

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640 California Avenue  
Avalon, PA 15202-2499  
Phone: 412-761-5820  
Fax: 412-761-5953

## FIRE SAFETY INSPECTION APPLICATION

DATE OF APPLICATION \_\_\_\_\_

APPLICATION # \_\_\_\_\_

FEE **\$50 PER UNIT**

RECEIPT # \_\_\_\_\_

PROPERTY LOCATION \_\_\_\_\_ # OF UNITS \_\_\_\_\_

WARD \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

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 \_\_\_\_\_