



BOROUGH OF AVALON

640 California Avenue

Avalon, PA 15202

Phone: 412-761-5820

Fax: 412-761-5953

info@boroughofavalon.org

FIRE SAFETY INSPECTION APPLICATION

DATE OF APPLICATION: _____

FEE: Residential: **\$75 PER UNIT**
Commercial: **\$100**

BOROUGH USE ONLY:

APPLICATION: # _____ - _____ - _____

CK # _____ @ \$ _____

PROPERTY LOCATION: _____

OF UNITS: _____ APARTMENT #(S) TO INSPECT: _____

LOT & BLOCK NO. _____ - _____ - _____

OWNER NAME: _____

OWNER ADDRESS: _____

SCHEDULING CONTACT NAME: _____

SCHEDULING CONTACT PHONE NUMBER: (____) _____ - _____

SIGNATURE OF APPLICANT: _____ DATE: _____

BOROUGH USE ONLY:

Inspection Date: _____ Inspection Time: _____

Initial inspection: PASS ____ FAIL ____

If required, date of second inspection: _____

Approved By: _____