

City of San Antonio
Fire Prevention Division
1901 S. Alamo St.
San Antonio, Texas 78204
Office: (210)207-8410 Fax: (210)207-7949

ANNUAL INSPECTION REQUEST FORM
"ONLY FOR LOCAL JURISDICTION"

**Inspections are done between 7:00 a.m. and 5:00 p.m., Tuesday-Thursday only.*

Name of Applicant/Facility: _____

Contact Person: _____ Phone #: () _____

Address of Inspection: _____ Zip Code: _____

Please "CHECK" one of the following:

FEE - \$51.50

Child Day Care (Less than 12 children)

FEE - \$103.00

Adult Foster Care (Non-Relative)

Adult Day Care

Adult Foster Care (Relative)

Foster Care (Children)

Assisted Living (15 Beds or less)

Group Care

Child Day Care (More than 12 children)

Halfway House/M.H.M.R.

FEE - \$154.50

Bonded Warehouses/Other Similar Occupancies

Clinic

Physical Therapy

Massage Therapy

Laboratory

Rehabilitation

FEE - \$3.09 Per Bed MIN. \$206.00 MAXIMUM \$1,500

Please submit a copy of current license for bed count.

Hospital

Nursing Facility

Licensed No. of Beds _____

Assisted Living (16 Beds or greater)

Requested date of Inspection (Daycare & Foster Care Only): _____

**Please make checks payable to the City of San Antonio*

Check box if paying by credit card

**All fees up to \$1,500 include a 3% technology surcharge*

***Request can be made using our website at www.sanantonio.gov/safd or you may email/fax your request to fireinspections@sanantonio.gov.