

City of Kemp

Fire and Life Safety Inspection Registration

Please deliver the completed application and payment. Payment must be made to city prior to inspection performed.

Annual Fee: \$ _____

Please check one of the following:

- New Facility / First Inspection
- Annual Inspection
- Annual Fire Hood Inspection

Please Print

Address: _____

Business/Facility Name: _____

City/State: _____

Zip: _____

Contact Persn: _____

Phone Number: _____

Fax Number: _____

Mobile Number: _____

Emergency Number: _____

Electric Provider: _____

Water Utility Provider: _____

Gas Provider: _____

Public Provider

Propane

Signature of Applicant: _____

Date: _____

OFFICE USE ONLY:

Fee Submitted: _____

Date: _____

Receipt #: _____

Received By: _____