



Office of Health Facility
Licensure & Certification

LIFE SAFETY PROGRAM
PRE-OPENING INSPECTION REQUEST

COMPLETE THIS APPLICATION AND RETURN TO:

Office of Health Facility Licensure & Certification
Attention: Life Safety Program
408 Leon Sullivan Way
Charleston, WV 25301-1713
(304) 558-0050

LOG NUMBER _____
DATE _____

OFFICIAL USE ONLY

NOTE: This application can only be accepted if all required fields are completed and additional requested documentation is attached.

OWNER INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment / Unit #*

_____ *City* *State* *ZIP Code*

Phone: () _____ **Fax:** () _____

E-mail Address: _____

FACILITY INFORMATION

Has a Site Inspection Request been submitted OHFLAC for review? Yes No

Facility Name: _____

Facility Type: _____

Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Phone: () _____ **Fax:** () _____

ARCHITECT INFORMATION

Name of Firm: _____ **Project Number:** _____

Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Phone: () _____ **Fax:** () _____

SIGNATURE

I am requesting a building inspection to be performed by the Office of Health Facility Licensure and Certification for the above described project.

Signature: _____ **Date:** _____