



# Office of Health Facility Licensure & Certification

## LIFE SAFETY PROGRAM SITE 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:** \_\_\_\_\_

### PROPOSED FACILITY INFORMATION

**Facility Name:** \_\_\_\_\_

**Facility Type:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* *State* *ZIP Code*

### SITE INFORMATION

**Site Description:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Location Details:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### SIGNATURE

I am requesting a site inspection to be performed by the Office of Health Facility Licensure and Certification at the above-described location.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_