

Department of Housing, Buildings & Construction
Division of Fire Prevention
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601
FAX: 502-573-1004



DAYCARE INSPECTION REQUEST FORM



Date: ___/___/___ (00/00/0000)

New Building Existing Building Existing Daycare yes no

FACILITY NAME: _____

ADDRESS: _____ CITY: _____

COUNTY: _____ PHONE NUMBER: (____) _____ - _____.

SUBMITTER INFORMATION

NAME: _____ PHONE NUMBER: (____) _____ - _____.

MAILING ADDRESS: _____

CITY: _____ STATE: _____

IS THE SUBMITTER THE PERSON OF CONTACT? _____ IF NOT PLEASE INDICATE

NAME: _____ PHONE NUMBER: (____) _____ - _____.

BUILDING INFORMATION REASON FOR REQUEST: _____
(New Facility, Adding Space, or Increase in Occupancy)

FACILITY SQUARE FOOTAGE _____ REQUESTED NUMBER OF CLIENTS _____

BASEMENT: Yes No If yes, will the basement be used by clients of the care facility? Yes No

NUMBER OF STORIES IN BUILDING: _____ CARE FACILITY WILL USE _____ FLOOR(S)

IS THE FACILITY PROTECTED WITH AN AUTOMATIC SPRINKLER SYSTEM: Yes No

TYPE OF FIRE ALARM SYSTEM: SYSTEM _____ (with control panel)
SINGLE STATION _____ (electric interconnected smoke detectors)

WILL YOU HAVE EVENING OR OVERNIGHT CARE: Yes No

