



SAFETY INSPECTION APPLICATION

Development Services Center
Spokane City Hall, 3rd Floor
808 W Spokane Falls Boulevard
Spokane, WA 99201-3343

Phone: (509) 625-6300
PermitTeam@SpokaneCity.org
my.spokanecity.org

This application is for an owner or occupant of a premises to request an inspection to verify minimum code compliance or hazard identification of the standards governed by the City's Building, Electrical, Mechanical, and Plumbing Inspectors. **Approval from the Inspector Supervisor may be required prior to permit issuance to confirm the request falls within their authority to inspect.**

Job Address: _____ Date: _____

Property Owner/Business/Building Name: _____

Owner Address: _____

Applicant: _____ Email: _____

Applicant Address: _____ Phone #: _____

Purpose of Safety Inspection:

Electrical Service Reconnection

Verify Conditions*

**Requires approval from Inspector Supervisor.*

Family Home Child Care Capacity Waiver**

***Must include a floor plan and DCYF Checklist.*

Building Use:

Single-Family Residence

Duplex

Commercial Building

Multi-Family Structure

Number of Units: _____

Please identify scope of inspection and areas of concern:

	Fee	Quantity	Total
Electrical Service Reconnection - Residential	\$40.00 x		=
Electrical Service Reconnection - Commercial	\$95.00 x		=
Family Home Child Care Capacity Waiver Inspection	\$245.00 x		=
Single Family Residence - <i>Electrical Only</i>	\$95.00 x		=
Single Family Residence	\$190.00 x		=
Two Family Residence (Duplex)	\$245.00 x		=
Multi-Family, 3 to 6 Units	\$315.00 x		=
Multi-Family, 7 or more Units	Enter Total # of Units:		=
<i>\$315 plus \$35 per unit over 6</i>			
Commercial Building	Enter Inspection Hours:		=
<i>\$115 per hour, or fraction thereof, with a \$230 minimum</i>			
** The Floor Plan required with the Family Home Child Care Capacity Waiver must clearly identify the use of all rooms and spaces in the home as outlined on the DCYF Checklist.	Subtotal:		
	<i>2.5% Technology Fee:</i>		
	<i>Processing Fee:</i>		\$65.00
	TOTAL PERMIT FEE:		

I hereby attest that all information provided is complete and accurately reflects the scope of work to be done and agree to abide by all applicable state and local codes.

Applicant Signature: _____ Date: _____