



# ST. LUCIA FIRE & EMERGENCY SERVICES

Manoel Street  
P O Box 496  
CASTRIES  
FAX: 452-3064  
Tel: 452 – 2373/4  
Ext.: 6112/6113

## Building Fire Safety Appraisal Request Form

Architectural Firm \_\_\_\_\_

Architect/Representative \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Client's Name \_\_\_\_\_

Company /Organization \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Property Address \_\_\_\_\_ Lot # \_\_\_\_\_

### Services Required:

- ( ) Erection of New Building      ( ) Extension of Building      ( ) Building Renovation
- ( ) Change of Use      ( ) Liquor License      ( ) Re-inspection      ( ) Other \_\_\_\_\_

Use of Building \_\_\_\_\_

No of stories of proposed building \_\_\_\_\_

Ground floor area \_\_\_\_\_ m<sup>2</sup>

Total building area \_\_\_\_\_ m<sup>2</sup>

- Check plans submitted:
- ( ) Site Plan
  - ( ) Floor Plans
  - ( ) Elevation Plans
  - ( ) Section Plans
  - ( ) Details
  - ( ) Equipment Layout
  - ( ) Fire Alarm Plan
  - ( ) Fire Equipment Layout Plan
  - ( ) Plumbing
  - ( ) Electrical Plan
  - ( ) H VAC Plan

No. of plan copies submitted \_\_\_\_\_  
*(Plans to be submitted in duplicate)*

Date submitted \_\_\_\_\_

Applicant's signature \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Received by \_\_\_\_\_

Date received \_\_\_\_\_

Attached fee \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date of property inspection \_\_\_\_\_

Follow-up inspection date \_\_\_\_\_

Reference No. \_\_\_\_\_

File No. \_\_\_\_\_

Report Writer \_\_\_\_\_

Remarks: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---