ANNUAL LIFE SAFETY INSPECTION
CALENDAR YEAR _____

APPLICANT/BUSINESS NAME: _____

STREET ADDRESS: _____ P.O. BOX: _____

TELEPHONE NUMBER: _____

NUMBER OF ROOMS USED FOR LODGING: _____

IF # HAS CHANGED
CHECK HERE ❑

I hereby certify under penalty of perjury that the conditions specified in the original application remain in effect. **Any changes that have been made to the business this calendar year are noted in the comments section.**

APPLICANT COMMENTS

_____

_____

_____

_____

_____ Signature

_____ Date

Please complete the top half and return form to the City Clerk's Office. This form must be returned prior to an inspection being scheduled.

FOR OFFICE USE ONLY

FIRE INSPECTION REPORT

Seward Fire Department Check List:

* CO detectors. ___ Yes ___ No
* Smoke detector(s) operational and properly located. ___ Yes ___ No
* Code approved outside fire exit(s) present for each sleeping area. ___ Yes ___ No
* Exit sign(s) present. ___ Yes ___ No
* How is sign illuminated. _____
* Emergency exit plan posted in the sleeping area(s). ___ Yes ___ No
* Fire extinguisher(s) available and current tag is in place. ___ Yes ___ No

INSPECTION COMMENTS

_____

_____

_____

_____

INSPECTION COMPLETED: _____ DATE: _____

CITY CLERK APPROVAL: _____ DATE: _____