Office of Health Facility Licensure & Certification

LIFE SAFETY PROGRAM (LSP) PRE-OPENING INSPECTION REQUEST FORM

COMPLETE THIS APPLICATION AND RETURN IT TO: Office of Health Facility Licensure & Certification (OHFLAC) Attention: Life Safety Program 408 Leon Sullivan Way Charleston, WV 25301-1713 (304) 558-0050	LOG NUMBER: _____ DATE: _____ **OFFICIAL USE ONLY**

NOTE: This application will only be accepted if all required fields are completed and requested documentation attached.

OWNER INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Street Address

_____
City State ZIP Code County

Telephone Number: _____ **E-mail Address:** _____

FACILITY INFORMATION

Has a "Site Inspection Request Form" been submitted to OHFLAC/LSP for review? Yes ☐ No ☐

Facility Name: _____

Facility Type: _____

Address: _____
Street Address

_____
City State ZIP Code County

Facility Contact Person's (FCP) Name: _____ **FCP's E-mail Address:** _____

FCP's Cellphone Number: _____ **FCP's Work Telephone Number:** _____

Website Address: _____ **If no company website, write none.** _____

ARCHITECT INFORMATION

Name of Firm: _____ **Project Number:** _____

Name of Contact Person for Project: _____ **Email Address:** _____

Work Telephone Number: _____ **Cellphone Number:** _____

SIGNATURE

I am requesting a building inspection to be performed by OHFLAC/Life Safety Program for the above-described project.

Signature: _____ Date: _____