



# VIRGIN ISLANDS FIRE AND EMERGENCY MEDICAL SERVICES

## INSPECTION APPLICATION FORM

St. Thomas/St. John: 1005 Ross Taarneberg, St. Thomas, VI 00802 ~ Tel: (340) 774-7610  
St. Croix: No. 3019 Orange Grove, St. Croix, VI 00820 ~ Tel: (340) 773-8050 ~ Fax: (340) 773-8032



**NO SMOKING**

IT IS AGAINST THE  
LAW TO SMOKE IN  
THESE PREMISES

Fees - Business Inspection: **\$150.00 per year**  
Time Consumption Fee- Class "A" \$100.00 (15,001sq.ft. or more) / Class "B" \$50.00 (3001 – 15,000 sq.ft.)  
Late Fees – **10% of Inspection Fee per month past expiration date**  
Failed Business RE-Inspection.....**\$50.00**



**NO SMOKING**

IT IS AGAINST THE  
LAW TO SMOKE IN  
THESE PREMISES

**PLEASE PRINT CLEARLY SO THAT YOUR APPLICATION MAY BE PROCESSED PROMPTLY**

TYPE OF BUSINESS INSPECTION: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> HOME <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> DLCA FORM		
LICENSEE:	LICENSEE PHONE:	OCCUPANCY SQUARE FOOTAGE:
BUSINESS NAME:	BUSINESS PHYSICAL ADDRESS:	
BUSINESS MAILING ADDRESS:	BUSINESS PHONE:	BUSINESS OPERATIONAL HOURS:
CONTACT PERSON:	CONTACT PERSON PHONE:	TYPE OF BUSINESS:
DIRECTIONS TO BUSINESS:		
HAZARDOUS MATERIALS: Ex. (LP Gas, Chlorine, Flammable Liquids, Solvents etc.) <input type="checkbox"/> Yes <input type="checkbox"/> NO Type(s):		
Quantities:		

SPRINKLER SYSTEM: ☐ YES ☐ NO FIRE ALARM: ☐ YES ☐ NO FIRE PUMP: ☐ YES ☐ NO  
FIRE ALARM COMPANY PH:

**Applicant's Signature** **Date:**

**Official Use Only**

Inspection Fee Late Fee Time Consum Total Paid Date Paid Receipt #

Certificate No. Expiration Date Proposed Inspection Date

Inspected By: Date: ☐ Approved ☐ Disapproved

Comments:

Re-Inspection: Fee: Date Paid: Receipt #:

Re-Inspected By: Date: ☐ Approved ☐ Disapproved

Certificate

Received By: Print Sign

**Authorized Representative**