



GWINNETT COUNTY
FIRE & EMERGENCY SERVICES | FIRE MARSHAL'S OFFICE
**FIRE SELF-INSPECTION
BUSINESS INFORMATION FORM**

Case Number: _____ Date: _____

Business/Tenant Name: _____

Business Street Address: _____ City Limits: Yes No

City: _____ Zip: _____

Business Phone: _____ Fax: _____

Business Email: _____ Website: _____

Property Owner: _____

Owner Address: _____

City: _____ Zip: _____

Business Phone: _____ Fax: _____

Business Email: _____ Website: _____

Daily Contact Name: _____ Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Cell Phone: _____ Email: _____

Facility Information: NFPA Occupancy: _____

Construction Type: _____ Stories: _____ Total Ft2: _____

Occupant Load: _____ Single Tenant: Yes No

Fire Sprinklers: Yes No Fire Pump: Yes No Private Hydrants: Yes No

Standpipe: Yes No Fire Alarm: Yes No Commercial Hood: Yes No

Special Hazard System(s): Yes No Type: _____

Rack/Bulk Storage: Yes No (If yes, attach updated Commodity Affidavit)

Hazardous Materials: Yes No (If yes, attach updated Haz Mat Inventory)