



La Crosse Fire Department

Division of Community Risk Management

FDinfo@cityoflacrosse.org - 608.789.7260



APPLICATION FOR SPECIAL FIRE INSPECTION

This application must be completed and returned at least five (5) days prior to date of special fire inspection(s) (i.e. CBRF). A \$100.00 permit fee shall be required for processing per location. The check should be made payable to the City of La Crosse Treasurer. The application should be returned to:

City of La Crosse
Community Risk Management
1400 La Crosse Street
La Crosse, Wisconsin 54601

Name of Applicant (Organization): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Contact Email Address: _____

Location(s) of Special Fire Inspection(s): _____

I understand and agree to comply with all of the provisions of this application and the requirements of the issuing authority, and certify that all the above information is accurate.

Signature of Applicant (or Agent): _____

Date: _____

The special fire inspection(s) application submitted on the date and at the location(s) shown on this application is hereby approved.

Inspector's Signature: _____

Date: _____

Return this form with the appropriate fee and plans to the City of La Crosse, Community Risk Management, 1400 La Crosse Street, La Crosse, Wisconsin 54601.

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