



## Willows Fire Department

445 S. Butte Street, Willows, CA 95988  
(530) 934-3322 FAX (530) 934-5969



### Application for Occupancy/Compliance Inspection Form

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Building No. (if applicable): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total No. of Floors: \_\_\_\_\_

Number of Units (apartment building): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Previous Type of Business (if different than proposed): \_\_\_\_\_

Present or Proposed Type of Business: \_\_\_\_\_

Square Feet: \_\_\_\_\_

Mailing Name: \_\_\_\_\_

Address if Address: \_\_\_\_\_

Different City/State/Zip: \_\_\_\_\_

Than Above Email: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*I hereby declare the above information is correct*

**\*\*\*Office Use Only\*\*\***

**Received:** \_\_\_\_\_ **Inspection Required:** \_\_\_\_\_

**Information Entered:** \_\_\_\_\_ **Proposed DOI:** \_\_\_\_\_