

North Shore Fire Department

Occupancy and Building Information Sheet

Inspector Completing Form

Date Completed Form

Occupancy Name: _____ Suite # _____

Occupancy Address: _____

City: _____ Zip Code: _____

Occupancy Type: _____ Assigned Inspection Code: _____

Store Phone #: _____ Store Fax #: _____

After Hours Contact #1: _____

Phone #: _____ E-mail Address: _____

After Hours Contact #2: _____

Phone #: _____ E-mail Address: _____

Building Name: _____

Building Address: _____

City: _____ Zip Code: _____

Building Owner: _____

Building Owner Address: _____

City: _____ Zip Code: _____

Building Owner Phone #: _____

Building Owner E-mail Address: _____