

Request for Fire Inspection

Rochester Fire Department
201 4 Street SE – Room 10
Rochester, MN 55904
507-328-2800



Date of Request: _____

APPLICANT INFORMATION

NAME(S):	
ADDRESS:	
PHONE #	EMAIL:

EXISTING USE:

- Single Family Residence
- Multiple dwelling building
 - Duplex
 - Townhouse
 - Apartment with 3 or more units

NOTE: For rental property, written/ signed permission from the landlord/ owner to inspect the entire building must be attached to this request.

PURPOSE: Minnesota Statute Lodging 157.15 Subd 8. (2): a building, structure, or enclosure or any part thereof located within ten miles distance from a hospital or medical center and maintained as, advertised as, or held out to be a place where sleeping accommodations are furnished exclusively to patients, their families, and caregivers while the patient is receiving or waiting to receive health care treatments or procedures for periods of one week or more, and where no supportive services, as defined under section [157.17, subdivision 1](#), paragraph (a), or health supervision services, as defined under section [157.17, subdivision 1](#), paragraph (b), or home care services, as defined under section [144A.471, subdivisions 6](#) and 7, are provided.

FORWARD COPY OF REPORT TO:

Olmsted County Public Health Services
Attn: Plan Review Staff
2100 Campus Drive SE; Ste. 100
Rochester, MN 55904

INSPECTION FEE: \$50.00

CHECK PAYABLE TO: CITY OF ROCHESTER
BRING or SEND REQUEST FORM/CHECK TO:

Rochester Fire Department
201 4 Street SE – Room 10
Rochester, MN 55904

APPLICANT SIGNATURE:	DATE:
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