ANNUAL INSPECTION REQUEST FORM
"ONLY FOR LOCAL JURISDICTION"

*Inspections are done between 7:00 a.m. and 5:00 p.m., Tuesday-Thursday only.

*All fees include a 3% technology surcharge
*Please make checks payable to the City of San Antonio.

Name of Applicant or Facility: ____________________________________________
Contact Person: ____________________________________________ Phone #: (____)________
Address of Inspection: ____________________________________________ Zip Code: ____________

Please “CHECK” one of the following:

FEE - $51.50
☐ Child Day Care (Less than 12 children)

FEE - $103.00
☐ Adult Foster Care (Non-Relative) ☐ Adult Day Care
☐ Adult Foster Care (Relative) ☐ Foster Care (Children)
☐ Assisted Living (15 beds or less) ☐ Group Care
☐ Child Day Care (More than 12 children) ☐ Halfway House/M.H.M.R.

FEE - $154.50
☐ Bonded Warehouses/Other Similar Occupancies
☐ Clinic ☐ Physical Therapy
☐ Laboratory ☐ Rehabilitation
☐ Massage Therapy

FEE - $3.09 Per Bed MIN. $206.00 MAXIMUM $1,500

Please submit a copy of current license for bed count.

☐ Hospital No. of Beds ________ Assisted Living (16 beds or greater) ________
☐ Nursing Facility No. of Beds ________

Requested date of Inspection (Daycare & Foster Care Only): ____________________________

City of San Antonio
Fire Prevention Division
1901 S. Alamo St.
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Office: (210)207-8410 Fax: (210)207-7949

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