

City of San Antonio  
Fire Prevention Division  
1901 S. Alamo St.  
San Antonio, Texas 78204  
Office: (210)207-8410 Fax: (210)207-7949

**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):** \_\_\_\_\_