



**NORTH CENTRAL FIRE PROTECTION DISTRICT**  
**Daycare / Care Facilities Inspection Request – Process**

1. To request a Daycare / Care Facility inspection from the North Central Fire Protection District, a **Fire Safety Inspection Request (STD 850)** must be sent to our office by the California State Licensing agency, before the request for inspection can be process.
2. Once the **Fire Safety Inspection Request (STD 850)** has been received, a **New Business / Other Inspection Request form (DFP-024b)** will be emailed to you.
3. Once completed, email the form to [Fire.Prevention@NorthCentralFire.org](mailto:Fire.Prevention@NorthCentralFire.org) or hand deliver the inspection request to the NCFPD Administration office located at 15850 W. Kearney Blvd. Kerman CA 93630. Office hours are Monday - Friday 7:00am to 3:30pm.
4. An invoice will be created, must be paid before the permit is issued. Payment options are CASH (exact amount only), CHECK OR MONEY ORDER. Please make checks payabl to North Central Fire District. **CREDIT OR DEBIT CARDS WILL NOT BE ACCEPTED**. Payment can be mailed to or hand delivered to:

**North Central Fire Protection District**  
**Attn: Fire Prevention**  
**15850 W. Kearney Blvd**  
**Kerman CA 93630**

5. Once the invoice is paid you will be contacted via email to schedule an inspection date and time. Inspection take place in two blocks of time. The AM block is 8:00am-12:00pm. The PM block is 1:00pm-4:00pm. The applicant must be present for the inspection. This allows for an uninterrupted flow of information between the Fire Inspector and the applicant.
6. Once the inspection is completed by the Fire Inspector, The **Fire Safety Inspection Request (STD 850) & Fire Clearance Permit** will be emailed in 1-2 business days.
7. Questions or checking the status of your request shall be communicated via email only at [Fire.Prevention@NorthCentralFire.org](mailto:Fire.Prevention@NorthCentralFire.org) Phone calls will NOT be accepted.



**North Central Fire Protection District  
New Business / Other Inspection  
Request Form  
(This form must be completed)**

Date Received (Stamp)

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

Business Use: \_\_\_\_\_ Business Square Footage: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Building Previous Use: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

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**Customer / Applicant Information**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Billing Address with zip code: \_\_\_\_\_

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Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICAL USE ONLY					
DATE RECEIVED:		DATE OF INSPECTION:		DATE PAID:	
DATE PROCESSED:		BUS. ASSIGNED TO SHIFT:		AMOUNT PAID:	