

**Rockland County Office of Buildings and Codes**  
**ANNUAL FIRE SAFETY INSPECTION FEE FORM**

Name of Owner/Occupant/Business: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Suite # \_\_\_\_\_ Spring Valley, NY  
 Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Instructions:** Select applicable Occupancy Type (if mixed use, **check all that apply**) and add Fee Amounts in the Total column. **Accurate information must be provided to avoid penalties.** Code Enforcement Officers will confirm square footage and occupancy loads during Fire Safety inspections.

Check Below	TYPE OF OCCUPANCY	FEE AMOUNT	TOTAL
	<b>Special or Hazardous Use Facility: Includes Gas station, Carwash, Autobody Shop, Chemical Lab, Lumber Yard, Storage</b>	\$350 PLUS select the square footage of each separate structure below.	
	0 to 10,000 square feet	\$200	
	10,001 to 25,000 square feet	\$525	
	25,001 to 50,000 square feet	\$775	
	50,001 to 75,000 square feet	\$1,025	
	75,001 to 100,000 square feet	\$1,275	
	100,001 to 125,000 square feet	\$1,575	
	125,001 to 150,000 square feet	\$1,825	
	150,001 to 175,000 square feet	\$2,075	
	175,001 to 200,000 square feet	\$2,325	
	<b>Assembly or Education Use</b>		
	Occupancy Load 0 to 100	\$175	
	Occupancy Load 101 to 250	\$250	
	Occupancy Load 251 to 500	\$325	
	Occupancy Load 501 to 750	\$400	
	Occupancy Load 751 to 1000	\$525	
	Occupancy Load 1001 to 1500	\$600	
	Occupancy Load 1501 and OVER	\$750	
		<b>INSPECTION FEE</b>	
		<b>2ND REINSPECTION FEE</b>	
		<b>TOTAL FEE DUE</b>	

Return Completed Form with Payment within **30 days of date of Notice** to the Office of Buildings and Codes.

Checks must be made payable to: **Rockland County Commissioner of Finance**

**I certify that the information provided on this Form is correct. I understand that false statements made herein are punishable as a Class A misdemeanor. I further understand that upon discovery that I provided any false information, I may be subject to criminal and civil penalties and my Certificate of Compliance may be revoked.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_