

**AUTHORIZATION FOR FIRE LIFE SAFETY INSPECTION**

CANNABIS UNIT INSPECTION -- DIRECT PRE-PAYMENT

Address: 200 N. Main St. 17th Floor, Los Angeles, CA 90012

CAN- Number

## CONTACT INFORMATION

LAFD Cannabis Unit

Phone: (213) 978-3009

Email: [lafdcannabis@lacity.org](mailto:lafdcannabis@lacity.org)**FOR CUSTOMER USE ONLY - Please complete this section and submit this form to [lafdcannabis@lacity.org](mailto:lafdcannabis@lacity.org)**

Cannabis Activity: (please check all that apply)

 Retail     Delivery     Distribution     Manufacturing     Cultivation

Date: \_\_\_\_\_

DCR Annual Application No.: \_\_\_\_\_

Company: \_\_\_\_\_

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

Bill to: \_\_\_\_\_  
(if different from the Company Name above)

Billing \_\_\_\_\_

Address: \_\_\_\_\_  
(City, State, Zip)

I hereby request that a Fire Department Inspector schedule a fire life safety inspection for:

Site: \_\_\_\_\_

Address: \_\_\_\_\_  
(City, State, Zip)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Method:** Cash and/or Check  
(Make check payable to City of Los Angeles) Credit/Debit Card

(A non-refundable service fee will be charged by a third party for each credit card transaction. The service fee will be processed as a separate transaction. See below for contact information. Please do not include any credit card information on fax or email transmission)

For inspection inquiries, please call (213) 978-3009  
or email [lafdcannabis@lacity.org](mailto:lafdcannabis@lacity.org)

For payment by phone, please call (213) 978-3995

For payment in-person, go to:  
**200 N. Main St. Rm 1620, Los Angeles, CA 90012.**For payment option inquiries, please email  
[lafdreceipts@lacity.org](mailto:lafdreceipts@lacity.org)**FOUR HOUR MINIMUM CHARGE**

In accordance with LAMC 104.19, I agree to pay the minimum fee of **\$1516.00** for the first **four (4) hours** to cover the initial inspection cost prior to the fire life safety inspection. Additional hours beyond the initial four hour minimum will be charged \$379.00 per hour. All hours are charged in whole hours. I further agree to be charged through the original credit card used for this authorization or be billed for any underpayment based on actual costs. A non-refundable service fee will be charged by a third party for each credit card transaction. The service fee will be processed as a separate transaction. Billed charges and all outstanding balances must be paid prior to any authorization for Fire Life Safety Inspection. A Claimant has one (1) year from date of service to request a refund of overpayment.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR FIRE PREVENTION BUREAU USE ONLY**

Inspection District / Unit Number: \_\_\_\_\_

Inspector Name: \_\_\_\_\_  
(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(Date/Time) \_\_\_\_\_ (Date/Time) \_\_\_\_\_**Estimated Costs (Pre-payment)**

Number of Hours	Rate	Number of Inspectors	Total
4 or less	<b>\$379</b>		\$1516 minimum
	<b>\$379</b>		
<b>Total Estimated Costs</b>			

**FOR ACCOUNTING USE ONLY**

Pre-payment received on: \_\_\_\_\_

Billing information verified by: \_\_\_\_\_  
(initials & date) \_\_\_\_\_Customer account cleared by: \_\_\_\_\_  
(initials & date) \_\_\_\_\_**Actual Costs**

Number of Hours	Rate	Number of Inspectors	Total
4 or less	<b>\$379</b>		\$1516 minimum
	<b>\$379</b>		
<b>Total Actual Costs</b>			

Dept. Revenue Codes: \_\_\_\_\_

FSA - 4126 Cannabis Inspection Fee

Credit Card Token Number: \_\_\_\_\_

RE No. \_\_\_\_\_

Date Invoiced \_\_\_\_\_

RF No. \_\_\_\_\_

Date Refunded \_\_\_\_\_

<b>Under / (Over) Payment</b>	
For Billing	
For Refund	