

## LICENSING

### LANDLORD'S PERMISSION FOR FIRE INSPECTION

Name:
Address:
City, State, Zip:

Has my (our) permission to care for

\_\_\_\_\_  Child(ren)

\_\_\_\_\_  Adults

in addition to their own family members, as a licensed

Family Child Care Provider

Child Foster Care Provider

Adult Foster Care Provider

By giving this permission, a Fire Marshal may do an inspection of your entire building. You will be responsible for any corrections that are needed whether or not the applicant is licensed.