



Orange County Fire Marshal Office
7079 University Blvd, Winter Park, FL 32792
Phone: 407-836-0070 Fax: 407-836-8330

Afterhours Inspection Request

Today's Date: _____

To request an afterhours inspection, a completed application must be submitted to the Orange County Fire Marshal's Office **before 1:00pm on the day being requested**. The term afterhours means any time other than the normal working hours (Monday through Friday between 7:00 AM and 4:00 PM). Fees are \$262 for the first 4 hours this fee is to be processed – any additional hour after the first 4 will incur an additional \$53 per each hour. Email your completed request to Inesita.Pressler@ocfl.net and Natasha.Mincey@ocfl.net or fax to 407-836-8330.

- All requests must be received prior to 1:00 PM on the day of inspection. For weekend inspections, the fee(s) must be paid by Friday before 1:00 PM
- Cancellations/Reschedule must be submitted before 1:00 PM the day of inspection to avoid a charge

ONLY ONE PERMIT NUMBER PER FORM

Permit Number: _____ Job Name: _____

Select inspection type: Final TCO Alarm Sprinkler Underground
Chemical Suppression DAS Other

Type of Inspection Needed: _____

Job Address: _____

Reason for Afterhours Inspection _____

Inspection Date: _____ Time: _____

Contact person and phone number during business hours: _____

After Hours person and phone number: _____

Payments should be made on the Orange County FastTrack System

<https://fasttrack.ocfl.net/OnlineServices/>

FOR OFFICE USE ONLY

Inspector assigned: _____

Approved by: _____

Date: _____

Inspection Documentation

Inspection Type	Report Needed	Document Description
Underground Final	Contractors Material and Test Certificate for UG	Testing Certificate
Sprinkler Overhead Final	Contractors Material and Test Certificate for Overhead	Testing Certificate
Fire Alarm Initial	Test Letter	Testing Result/Report/Letter
Fire Alarm Final	Completion Report	Completion Report
Chemical Suppression Final	Wet Chemical System Acceptance Test Report	Testing Result/Report/Letter
Hydrant Final	Hydrant Flow Report	Testing Result/Report/Letter
Clean Agent Final	Acceptance Test Report	Testing Result/Report/Letter
DAS Final	Communication System Record of Completion and Testing Results	Completion Report & Testing Result/Report/Letter

In FAST TRACK

Document Type will always be Project Documentation

Document Description is EXTREMELY important as this information is what the system is searching for.

Document Type: Project Documentation

Document Description: [Select a Document Description]

File To Upload:

- [Select a Document Description]
- Cancellation Letter
- Change Letter
- Completion Report
- Disconnect Forms
- Dry-In Affidavit
- Extension Letter
- Notice of Commencement
- Owner builder disclosure form
- Page 2 Application
- Testing Certificate
- Testing Result/Report/Letter

Note: This site allows direct upload of documents. Please take reasonable precautions to review documents before uploading. Misuse of this upload tool will result in account suspension.

File Name Examples:

PD005-CompletionReport-JobName

PD006-TestCertificate-JobName

PD007-TestLetter-JobName

The prefix (PD) should be followed by a three-digit sequential number identifying the order of the files starting with 001, then 002, and so on for each file. You must label every file that you upload in sequential order and not skip or DUPLICATE any numbers.



OFFICE OF THE FIRE MARSHAL
ORANGE COUNTY FIRE RESCUE
7079 UNIVERSITY BLVD
WINTER PARK, FL 32972

PHONE 407-836-0070, ext. 3 Fax 407-836-8330

DATE OF REQUEST: _____

Note: *Submit request(s) 5 days prior to date needed for the inspection or event.* The minimum cost of the engine is \$1,364.00 dollars for the first 4 hours and \$342.00 dollars for each additional hour or one-half hour fraction. Hours requested need to include an extra one and a half hours for travel time to and from the fire station—*preferably no time before 9am on requested day.*

Important: *If you need to cancel of this request shall be emailed to ofmpermits@ocfl.net, one day prior to the event.*

ENGINE REQUEST FORM

LOCATION NAME: _____ PERMIT: _____

ADDRESS: _____

DIRECTIONS IF APPLICABLE: _____

DATE REQUESTED: _____ TIME: _____ TOTAL ESTIMATED TIME: _____

CONTACT: _____ PHONE NUMBER: _____

REASON FOR ENGINE:

FOR OFFICE USE ONLY

Request Form Payment

Sent to Ops Date Assigned/Master Calendar

Inspection Required - Yes or No