

Minnesota Department of Public Safety State Fire Marshal Division

Property Owner Permission for Inspection

Many Department of Human Services (DHS) and Department of Child, Youth and Family (DCYF) licensed or certified care programs require a fire marshal inspection. When a fire code inspection is requested for a DHS and/or DCYF licensed or certified license-exempt care program, written permission must first be obtained from the property owner.

I (print property owner's name) _____ certify that I own the home/building located at the following address and give my permission for a Deputy State Fire Marshal to inspect the home/building for compliance with the Minnesota State Fire Code.

Address: _____

City: _____ State: _____ Zip: _____

I am aware that _____ is requesting a fire code inspection at the above address for a proposed or existing care program regulated by DHS and/or DCYF.

I am aware that the following care program(s) will be operated within the home/building:

- Family child care** means care for no more than 10 children and **Group family child care** means care for no more than 14 children for less than 24 hours per day.
- Family foster care** (child and adult) provides care 24 hours per day in a home. The provider lives in the home with the child and/or adult receiving services.
- Community Residential Settings** (CRS) for adults, **Corporate Adult Foster Care** (CAFC), or **Child Foster Residence Settings** (CFRS) provide care 24 hours per day in a home. The provider does not live in the home. The cares are provided by shift staff who come into the home to work.
- Family Adult Day Services** (FADS) (home based) provides day services/activities for adults in the home of the provider.

By giving this permission, a Deputy State Fire Marshal may conduct an inspection of the entire home/building (or buildings) for compliance with the Minnesota State Fire Code.

Notwithstanding the specific status of the DHS and DCYF licensed or certified care program, you, as the property owner, will be responsible for the correction of any violations identified during the inspection based on the building's current occupancy use.

Property Owner's Signature: _____

Address (if different from above): _____

Phone Number: _____

Email: _____ Date: _____

EXCEPTION: For owner-occupied single-family homes, corrective orders apply only to the licensed or certified care program.

