



Life Safe Application

Is this a renewal application? _____

Property _____

Address _____ Zip _____

Telephone _____ FAX _____ Email _____

Tenant (if applicable) _____

Contact Person _____ Title _____ Telephone _____

I have read the *Life Safe* criteria and believe the above property qualifies for participation.

Authorized Signature Email _____

Date(s) of Fire Department Inspection: _____

A plan of correction submitted to city Fire Prevention Bureau ... (date): _____

Dates of Evacuation Drills: _____ and _____

Dates of Fire Warden Training: _____ and _____

Date your evacuation plan was last submitted: _____

If it has been five years or longer since you have submitted your plan, please update and return a copy with this form to: *Life Safe* PO Box 11259, Charleston, WV 25339.

Once this form is completed, return it to the above post office box, or FAX to (304) 342-2197; a copy should be kept on file by the inspecting fire department, or State Fire Marshal's office. Certificates of participation are valid for the year noted on the certificate. Certificates are presented during a recognition luncheon each October.

Fire Departments:

Charleston 348-8198

Dunbar 766-0215

St. Albans 727-2253

So. Charleston 744-0079

Attn: *Life Safe* Officer

City of Charleston
Office of Emergency Services &
Homeland Security 348-8130

