

AB-38 Inspection Request Form

Property Information

APN _____

Address _____

Requestor Information

Name _____

Business Name _____

Phone Number _____

Email Address _____

Property Owner Information

Owner Name _____

Mailing Address _____

Phone Number _____

Email Address _____

Who will be present for the inspection?

Property Owner

Agent

Tenant

Other

Invoicing Information

Name _____

Mailing Address _____

Phone Number _____

Email Address _____

Consent:

By checking this box, you agree with the City of Carlsbad Fire Department conducting a Defensible Space Inspection on the property above and that the information provided is correct.

For questions about the application, please email [Hazard Reduction Specialist](#)