

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 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](#)

Fire Prevention

1635 Faraday Ave. | Carlsbad, CA 92008 | T 760-602-4665 | F 760-602-8561 | www.carlsbadca.gov