

Date Observed: _____

Inspection Area:

BV Lot #:

BV Street Address:

Owner(s) Name:

Fire Prevention Report (Circle as Applicable):

Is this a vacant lot?	Yes	No	
Are all dead trees removed?	Yes	No	
Are pine needles removed within 5 feet of the home?	Yes	No	n/a
Is the ground cleared of dead branches?	Yes	No	
Are dead tree branches cleared up to 6 feet from the ground?	Yes	No	
For trees taller than 18 feet, are tree branches removed up to 6 feet from the ground?	Yes	No	
Is the debris (dead trees on ground, anything not natural, etc.) cleared from the lot?	Yes	No	
Are tree limbs cleared within 10 feet of the chimney?	Yes	No	n/a
Are the roof and gutters clear of leaves, needles, and dead growth?	Yes	No	n/a
Is the chimney spark suppressor (cap) in place?	Yes	No	n/a

If there are problems with this lot and if the lot is not cleaned up in a timely manner, should this lot be forwarded to the Sheriff? _

Safety Report

Is the house address visible from the street?	Yes	No	n/a
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Appearance Report

Snowmobile(s) and other gear stowed properly?	Yes	No	
Are tarps only brown or dark green?	Yes	No	
If not, what color? _____			

Please note any other comments: