



Building Division

Fire Loss Report

Date: _____

Contact Information:

Name: _____

Phone #: _____

Email: _____

Property Owner(s) Name: _____

Address of fire damaged structure: _____

Description of Damage:

***Please submit this form in our office, by fax: 407-665-7486, or email to:
BPCustomerservice@seminolecountyfl.gov***

***** (Office Use Only) *****

Inspector: _____ Permit #: _____

Inspection Notes: _____

