

**LINCOLN COUNTY SUBDIVISION REGULATIONS
Fire Risk Assessment – Post Treatment Form**

SUBDIVISION NAME: _____

Preliminary Plat Approval: _____ **FRA Final Review Site Visit:** _____

All Fees Paid to Fire Risk Evaluator: Yes No

Condition(s) of Approval for Firewise Requirement

FIRE RISK ASSESSMENT FOLLOW UP FOR APPROVAL

Were the recommendations, indicated above, completed to your specifications & approval? Yes No

In No, please indicate what is remaining to be completed:

Please explain if a deviation was granted and reasoning as to why it differs from the preliminary plat approval condition(s):

Fire Risk Assessor's Signature

Date of Decision