



FIRE ALARM / SUPPRESSION PERMIT APPLICATION

Date: _____ Fire Alarm / Suppression Permit #: TEA

Call Back #: _____ Building Permit #: TCB

Email Address: _____

Application is herewith made for a fire alarm /suppression permit covering installation in or on the premises stated below. The applicant hereby agrees to make such installation in accordance with the requirements of the Florida Fire Prevention Code.

NOTICE TO CONTRACTOR: ANY JOB VALUE GREATER THAN \$5,000.00 THAT IS NOT ASSOCIATED WITH A BLDG PERMIT WILL REQUIRE A NOTICE OF COMMENCEMENT BEFORE FIRST INSPECTION

Fire Alarm / Suppression Contr.: _____ License #: _____

Job Address: _____ UNIT # _____ Cost of Improvement: \$ _____

Owner: _____ Parcel ID#: _____

A. TYPE OF IMPROVEMENT	C. CLASS OF BUILDING	(Proposed Use)
01 NEW BUILDING	03 TRIPLEX	09 WAREHOUSE
02 ADDITION	04 QUADRIplex	15 BUSINESS
03 ALTERATION / REPAIR	05 MULTI FAMILY _____ units	16 AMUSEMENT, REC.
09 FOUNDATION ONLY	06 ROOMING HOUSE _____ units	17 CHURCH, OTHER RELIGIOUS
	07 HOTEL, MOTEL _____ units	18 INDUSTRIAL
	08 DORMITORY _____ units	19 PARKING GARAGE
		20 SERV. STATION, REP GARAGE
		21 HOSPITAL, INSTITUTIONAL
		22 OFFICE, PROFESSIONAL
		24 PUBLIC UTILITY
		25 SCHOOL, LIBRARY, EDUCATION
		26 STORES, MERCANTILE
		32 COMM ACCESSORY STRUCTURE
		37 RESTAURANTS
		____ OTHER SPECIFY _____

FIRE ALARM (911) / DAS

Base # of Devices 20% BIFS Total
\$140 + (_____ x \$1.65) + _____ = _____

* Single station smoke detectors are exempt

FIRE SUPPRESSION (912/913)

Base # of Outlets 20% BIFS Total
\$140 + (_____ x \$1.65) + _____ = _____
(_____ x \$1.00) + _____ = _____

Charge per outlet will be \$1.00 per head for single rooms larger than 10,000 sq. ft.

HOOD SUPPRESSION (912/913)

Base # of Outlets 20% BIFS Total
\$140 + (_____ x \$1.65) + _____ = _____

UNDERGROUND ONLY (914)

Base 20% BIFS Total
\$140 + \$ 28 = \$ 168.00

*Expedite Y \$ _____

By checking the box above, applicant acknowledges additional fees

Historic properties are exempt from all Fire Department fees, with approved documentation from The Historical Preservation Board.

Total Fees: \$ _____

Applicant Signature: _____

Date: _____

Fire Inspector Signature: _____

Date: _____