

Permit Fee \$ _____
Plan Ck. Fee \$ _____
TOTAL FEE \$ _____

APPLICATION FOR FIRE PROTECTION SYSTEM INSTALLATION PERMIT

CITY OF PENSACOLA, FLORIDA

ADDRESS _____ DATE _____ PERMIT NO. _____

ROUGH _____ FINAL _____

I hereby make application to perform the work as described herein. All provisions of the law shall be complied with whether specified herein or not.

CONTRACTOR _____

CITY ID# _____

OWNER _____

TYPE BLDG: Commercial () Residential () No. of Stories _____

SLAB () OFF-GRADE () NEW () EXISTING ()

Job Cost _____

NOTICE: No work shall be commenced until a permit has been secured. All work must be inspected before being covered. At least four hours notice must be given for inspection.

APPLICANT SIGNATURE: _____

LICENSE # _____

FIRE SUPPRESSION SYSTEMS:

	# of UNITS	PERMIT FEE
FIRE PUMP		
HALLOW SYSTEM		
RESTAURANT HOOD SYSTEM		
SPRINKLER HEADS		
STANDPIPE - DRY () WET ()		