

Date: _____ **Fire Alarm / Suppression Permit #:** TFA
Call Back #: _____ **Building Permit #:** TEB
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 \$2,500.00 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#:** _____

<u>A. TYPE OF IMPROVEMENT</u>	<u>C. CLASS OF BUILDING</u>	<u>(Proposed Use)</u>
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 _____ OTHER SPECIFY _____
		22 OFFICE, PROFESSIONAL
		24 PUBLIC UTILITY
		25 SCHOOL, LIBRARY, EDUCATION
		26 STORES, MERCANTILE
		32 COMM ACCESSORY STRUCTURE
		37 RESTAURANTS

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** \$ _____

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: _____