CITY OF JACKSONVILLE, FLORIDA
BUILDING INSPECTION DIVISION

FIRE PERMIT APPLICATION

| F |__|__|__|__|__|__|__|__|—|__|__|__|

Permit Number

Date Issued _____/_____/_____

Application must be typed or printed legibly in ink. Complete all relevant fields.

PROJECT IDENTIFICATION

PROJECT NAME _____

PROJECT CONTACT _____

PROJECT CONTACT PHONE (_____)_____ – _____

PERMIT ASSOCIATIONS? NO ☐ YES ☐ If yes, list permit data below:

☐ BUILDING PERMIT |B|__|__|__|__|__|__|__|__|—|__|__|__|

REAL ESTATE NUMBER _____

PROPERTY OWNERSHIP DETAILS

TYPE: INDIVIDUAL ☐ GOVERNMENT AGENCY ☐ BUSINESS ☐

FULL LEGAL NAME, AGENCY, OR BUSINESS

_____

MAILING ADDRESS _____

_____

OWNER CONTACT PHONE (_____)_____ – _____

OWNER E-MAIL ADDRESS _____

PERMIT ADDRESS (This is the physical address of the actual work location.)

STREET NUMBER _____ STREET NAME _____ TYPE (Ave/Blvd/Court/Road) _____ DIRECTION _____

UNIT/SUITE _____ ZIP CODE _____ INTERSECTING STREETS _____ AND _____

LOT NO. _____ BLOCK _____ SUBDIVISION _____ CITY DEVELOPMENT NUMBER _____

LICENSED CONTRACTOR / ENGINEER

LICENSE NOT REQUIRED ☐

COMPANY NAME

NAME (QUALIFYING AGENT)

STATE CERTIFICATION OR REGISTRATION NUMBER

QUALIFYING AGENT SIGNATURE

QUALIFYING AGENT CITY ID NO.

ADDRESS

PHONE | FAX

E-MAIL ADDRESS

PROPOSED USE

RESIDENTIAL

- ☐ Apartment
- ☐ Carport
- ☐ Condominium
- ☐ Duplex
- ☐ Garage
- ☐ Single Family
- ☐ Townhouse
- ☐ 3 or 4 Family
- ☐ Other – Specify: _____

NON-RESIDENTIAL

- ☐ Amusement, Recreational
- ☐ Church, Other Religious
- ☐ Convert Residence
- ☐ Hospital, Institutional
- ☐ Hotel, Motel, Dormitory
- ☐ Industrial
- ☐ Office, Bank, Professional
- ☐ Other _____
- ☐ Parking Garage
- ☐ Restaurant
- ☐ School, Library, Educational
- ☐ Service Station, Repair Garage
- ☐ Stores, Mercantile
- ☐ Utilities
- ☐ Daycare
- ☐ Utilities
- ☐ Fuel – Bulk Facility
- ☐ Fuel – Service Terminal
- ☐ High Rise
- ☐ Marine Wharf
- ☐ Silo
- ☐ Telecommunications
- ☐ Warehouse

FIRE PLANS

Select the type of fire plan.

☐ Rolled ☐ Small ☐ Folded ☐ Other: Specify _____

TYPE OF IMPROVEMENT

Check one.

- ☐ Existing Building
- ☐ New Building
- ☐ Other: Specify _____

NATURE OF WORK (TYPE)

Check one.

- ☐ Alarm System
- ☐ Hood System
- ☐ Fire Main
- ☐ Fire Suppression
- ☐ Smoke Control
- ☐ Tank

BRIEF DESCRIPTION OF WORK OR ADDITIONAL NOTES

_____

_____

_____

_____

JOB COST

$ _____

NATURE OF WORK (DETAILS)

Check all that apply.

- ☐ Repair
- ☐ Industrial Oven
- ☐ New
- ☐ Relocate
- ☐ Spec. Build-out
- ☐ Spray Paint Booth

WORKER'S COMPENSATION

☐ EXEMPT

☐ INSURER _____

☐ LEASE EMPLOYEES _____

EXPIRATION DATE _____

HAZARDS

Select one classification.

- ☐ Light hazard
- ☐ OH Gp 1
- ☐ OH Gp 2
- ☐ Ex Haz 1 ☐ Ex Haz 2

Select all the categories that apply.

- ☐ Battery charging
- ☐ Hot work
- ☐ Hyperbaric Chambers
- ☐ Pallet
- ☐ Performance-Base Design
- ☐ Storage – High Pile
- ☐ Storage – Rack
- ☐ Tire Storage

FLAMMABLE LIQUID TANKS

Enter the number of units per gallon.

Above Ground _____ units / _____ gallon

Below Ground _____ units / _____ gallon

Warehouse _____ units / _____ gallon

WATER-BASED SYSTEMS

Enter the total square footage.

13D _____ 13R _____

Deluge _____ Dry Pipe _____

Pre-action _____ Water mist _____

Wet pipe _____

FIRE ALARM

Select one classification.

- ☐ Household
- ☐ Protected Premises
- ☐ Supervising Station*

*If Supervising Station, select one.

- ☐ Central
- ☐ Proprietary
- ☐ Remote

SYSTEMS

Total number of heads and devices

_____

WATER SUPPLIES

Select one.

- ☐ Public – City
- ☐ Private Utility Company
- ☐ Private Well

NON-WATER-BASED SYSTEMS

Enter the total square footage.

CO2 _____ FM 200 _____

Halon _____ Wet-Dry Chem _____

Other – Specify: _____

Other (in square feet): _____

Fire Pump? Yes ☐ No ☐

Total area for permit _____ square feet

COMMENTS (List equipment not shown elsewhere)

_____

_____

_____

REQUIRED INSPECTIONS

Official Use Only

☐	9	Final	☐	54	Fire Alarm Test
☐	14	Pressure Test	☐	55	Fire Pump Test
☐	45	Fire Safety Final	☐	72	Visual Inspection
			☐	73	Flush Inspection
			☐	74	Flow Test for Hydrants

PAYMENT METHOD

☐ Cash ☐ Escrow Account

☐ Credit ☐ Exempt

FEES

Total Fee $_____

APPROVAL

Official Use Only

Approved by

_____

Zoning Approval

_____

Revised 11/17/08