



**FIRE AND RESCUE DEPARTMENT**  
**FIRE PREVENTION DIVISION**  
After Hours Fire Plan Review Billing Form



Billing Information:

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Federal ID# or SSN#: \_\_\_\_\_

Estimated Costs of providing Fire Inspection: \_\_\_\_\_ Plan Review: \_\_\_\_\_

Date & Location of inspection: \_\_\_\_\_

Labor: \_\_\_\_\_ \$242.80

10% Operating Expense: \_\_\_\_\_ \$24.28

Total Estimated Costs: \_\_\_\_\_ \$267.08 FRFP159 FI - 36907

Payment is due at time of service. Make check or money order payable to the City of Jacksonville, Tax Collector's Office.

Any questions concerning the estimated costs of providing service should be directed to the Fire Prevention Bureau, Plan Review Office at 255-8562.

Authorization for Payment:

Signature: \_\_\_\_\_  
Name / Title

Print: \_\_\_\_\_  
Name / Title