



June 11, 2007

**MEMORANDUM**

**BULLETIN G-07-07**

To: All Permit Applicants

From: Thomas H. Goldsbury, P.E., C.B.O.  
Chief, Building Inspection Division

**Subject: Underground Fire Main Work**

Attached for your use is a copy of a memo from Captain Alvin Floyd of the Jacksonville Fire Marshal's Office explaining requirements for installation and permitting of underground fire mains.

Please note, the Building Inspection Division has been developing a new permitting system. The new system has a Fire (F) permit similar to the Mechanical, Electrical, and Plumbing permits of the old system. In the new system the Fire permit will be used for the installation/rework of fire sprinkler/suppression systems, fire alarms, etc. as noted on the attached sample Fire Permit Application. You will need to associate your Fire permit to your Building permit when the Building permit has a fire sprinkler system, fire alarm, etc., just like you do now with a Mechanical permit for a fire sprinkler system, or Electrical permit for a fire alarm. **Presently the Fire permit can only be used for stand alone non-associated permits, do not try to use the new Fire permit to associate it to an existing Building permit. This will change in the very near future when we make a complete switch to the new system.**

You can start using the new system and the new Fire permit application now for the underground fire main work noted above, and any other non-associated work. The web site for the new permitting system is: <http://buildinginspections.coj.net> please visit and get familiar with this site. A new escrow system is available for the new permit applications; this will require a separate deposit. If you are setting up an escrow account for the first time you will need to come into the office.

Xc: James Schock  
Captain Alvin Floyd  
All Supervisors

April 9, 2007

Memorandum

From: Captain Alvin Floyd  
Jacksonville Fire Marshal's Office

To: All Companies Doing Underground Fire Main Work

Combination water service mains are required to meet the standards of NFPA 24 *Standard for the Inspection of Private Fire Service Mains and their Appurtenances*. Paragraph 1.1.2 states that this standard shall apply to combined service mains used to carry water for fire service and other uses. You may purchase copies of this standard from the National Fire Protection Association through their web site at [www.nfpa.org](http://www.nfpa.org). **In order to install or work on fire service mains, a company must hold a Fire Protection Contractor I, II or V license issued by the Florida State Fire Marshall's office and be registered to do business in the City of Jacksonville with the City of Jacksonville Building Department.**

The following process has been established to help in tracking the installation and inspection process for underground service.

Two sets of plans and Fire permit application (with Fire Main chosen under Nature of Work) must be submitted to the Fire Marshall's Office located with the Building Inspection Division. Required inspections for this permit would be a (14) Pressure Test, and (09) Final.

Inspections proceed with the following directions:

- **Notify our office at least 24 hours in advance of inspection request time.** This may be done by requesting the inspection just like you request any inspection from the Building Inspection Division, through the automated system utilizing the web site or by phone at 630-2973.
  - Only ONE (1) inspection is included with the permit fee, if multiple visits are required, a \$35 reinspection fee will be charged.
  - If multiple visits are required, a complete set of approved plans shall be kept on site for each inspector to indicate areas passed.
- All materials and installations must meet the requirements of NFPA 24 (**not JEA Standard**)
  - Correct pipe for application
  - Appropriate mechanical restraints or thrust blocking
  - Corrosion protection on metal restraining devices
- All piping (joints) must be inspected prior to cover up
  - Pipe specification label **MUST** be on top of pipe
  - Joints must be visible
- Pressure test to 200 psi (minimum) for 2 hrs. (150 psi 13R system supply)
- Flush of system must be witnessed by Fire Marshall representative
- All private hydrants must be flow tested and witnessed by the Fire Marshal's office

**NFPA 1 16.4.3.1** *A water supply for fire protection, either temporary or permanent, shall be made available as soon as combustible material accumulates.*

**NFPA 1 16.4.3.1.2** *There shall be no delay in the installation of fire protection equipment.*

**NFPA 1 16.4.3.1.3** *Where underground water mains and hydrants are to be provided, they shall be installed, completed, and in service prior to construction work.*

SUPERSEDED

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

PROJECT IDENTIFICATION		PROPERTY OWNERSHIP DETAILS	
PROJECT NAME _____		TYPE: INDIVIDUAL <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	
PROJECT CONTACT _____		FULL LEGAL NAME, AGENCY, OR BUSINESS _____	
PROJECT CONTACT PHONE (____) _____ - _____		MAILING ADDRESS _____	
PERMIT ASSOCIATIONS? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, list permit data below: <input type="checkbox"/> BUILDING PERMIT  B  _____		OWNER CONTACT PHONE (____) _____ - _____	
REAL ESTATE NUMBER _____		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		PROPOSED USE	
LICENSE NOT REQUIRED <input type="checkbox"/> COMPANY NAME _____		<b>RESIDENTIAL</b> <b>NON-RESIDENTIAL</b>	
NAME (QUALIFYING AGENT) _____		<input type="checkbox"/> Apartment <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Stores, Mercantile	
STATE CERTIFICATION OR REGISTRATION NUMBER _____		<input type="checkbox"/> Carport <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Utilities	
QUALIFYING AGENT SIGNATURE _____		<input type="checkbox"/> Condominium <input type="checkbox"/> Convert Residence <input type="checkbox"/> Daycare	
QUALIFYING AGENT CITY ID NO. _____		<input type="checkbox"/> Duplex <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Utilities	
ADDRESS _____		<input type="checkbox"/> Garage <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Fuel – Bulk Facility	
PHONE _____ FAX _____		<input type="checkbox"/> Single Family <input type="checkbox"/> Industrial <input type="checkbox"/> Fuel – Service Terminal	
E-MAIL ADDRESS _____		<input type="checkbox"/> Townhouse <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> High Rise	
		<input type="checkbox"/> 3 or 4 Family <input type="checkbox"/> Other _____ <input type="checkbox"/> Marine Wharf	
		<input type="checkbox"/> Other – Specify: _____ <input type="checkbox"/> Parking Garage <input type="checkbox"/> Silo	
		<input type="checkbox"/> Restaurant <input type="checkbox"/> Telecommunications	
		<input type="checkbox"/> School, Library, Educational <input type="checkbox"/> Warehouse	
		<input type="checkbox"/> Service Station, Repair Garage	
FIRE PLANS		TYPE OF IMPROVEMENT	NATURE OF WORK (TYPE)
Select the type of fire plan. <input type="checkbox"/> Rolled <input type="checkbox"/> Small <input type="checkbox"/> Folded <input type="checkbox"/> Other: Specify _____		Check one.	Check one.
BRIEF DESCRIPTION OF WORK OR ADDITIONAL NOTES		<input type="checkbox"/> Existing Building <input type="checkbox"/> New Building <input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Alarm System <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Hood System <input type="checkbox"/> Smoke Control <input type="checkbox"/> Fire Main <input type="checkbox"/> Tank
		<b>JOB COST</b>  \$ _____	<b>NATURE OF WORK (DETAILS)</b> Check all that apply.
			<input type="checkbox"/> Repair <input type="checkbox"/> Relocate <input type="checkbox"/> Industrial Oven <input type="checkbox"/> Spec. Build-out <input type="checkbox"/> New <input type="checkbox"/> Spray Paint Booth
WORKER'S COMPENSATION			
<input type="checkbox"/> EXEMPT <input type="checkbox"/> INSURER _____ <input type="checkbox"/> LEASE EMPLOYEES _____ EXPIRATION DATE _____			
HAZARDS		FLAMMABLE LIQUID TANKS	WATER-BASED SYSTEMS
Select one classification.	Select all the categories that apply.	Enter the number of units per gallon.	Enter the total square footage.
<input type="checkbox"/> Light hazard <input type="checkbox"/> OH Gp 1 <input type="checkbox"/> OH Gp 2 <input type="checkbox"/> Ex Haz 1 <input type="checkbox"/> Ex Haz 2	<input type="checkbox"/> Battery charging <input type="checkbox"/> Performance-Base Design <input type="checkbox"/> Hot work <input type="checkbox"/> Storage – High Pile <input type="checkbox"/> Hyperbaric Chambers <input type="checkbox"/> Storage – Rack <input type="checkbox"/> Pallet <input type="checkbox"/> Tire Storage	Above Ground _____ units / _____ gallon Below Ground _____ units / _____ gallon Warehouse _____ units / _____ gallon	13D _____                      13R _____ Deluge _____                      Dry Pipe _____ Pre-action _____                      Water mist _____ Wet pipe _____

FIRE ALARM		SYSTEMS	WATER SUPPLIES	NON-WATER-BASED SYSTEMS
Select one classification.	*If Supervising Station, select one.	Total number of heads and devices _____	Select one.	Enter the total square footage.
<input type="checkbox"/> Household <input type="checkbox"/> Protected Premises <input type="checkbox"/> Supervising Station*	<input type="checkbox"/> Central <input type="checkbox"/> Proprietary <input type="checkbox"/> Remote		<input type="checkbox"/> Public – City <input type="checkbox"/> Private Utility Company <input type="checkbox"/> Private Well	CO2 _____ FM 200 _____ Halon _____ Wet-Dry Chem _____ Other – Specify: _____
Fire Pump? Yes <input type="checkbox"/> No <input type="checkbox"/>		Total area for permit _____ square feet		Other (in square feet): _____
COMMENTS (List equipment not shown elsewhere)				
_____				
_____				
_____				
REQUIRED INSPECTIONS			PAYMENT METHOD	APPROVAL
Official Use Only			<input type="checkbox"/> Cash <input type="checkbox"/> Escrow Account <input type="checkbox"/> Credit <input type="checkbox"/> Exempt	Official Use Only
<input type="checkbox"/> 9 Final <input type="checkbox"/> 14 Pressure Test <input type="checkbox"/> 45 Fire Safety Final	<input type="checkbox"/> 54 Fire Alarm Test <input type="checkbox"/> 55 Fire Pump Test <input type="checkbox"/>		<b>FEES</b>	Approved by _____
			Total Fee \$ _____	Zoning Approval _____

SUPERSEDED