Florida State College At Jacksonville
Safety Department, Suite 303H
501 West State Street
Jacksonville, Florida

Fire Protection System Permit

Permit # _____ **F** Date Issued: ___/___/___ Approved: _____

Contractor:	**License #:**
Associated Permit: ☐ No ☐ Yes (If yes list permit data below)	**Location:**
Associated Permit #	
Nature of Work: ☐ Fire Alarm ☐ Water-Based System ☐ Non-Water-Based System	**Square Footage:**
	Job Cost:
Description of Work:	

THE WORK DESCRIBED HEREIN SHALL BE ACCOMPLISHED IN ACCORDANCE WITH THE FLORIDA FIRE PREVENTION CODE, FLORIDA BUILDING CODE AND OTHER APPLICABLE REGULATION OF THE STATE OF FLORIDA AND FEDERAL GOVERNMENT. IF NO WORK IS DONE ON THE PERMIT DURING A SIX MONTH PERIOD, THE PERMIT SHALL BE VOID.

COPIES OF THIS PERMIT MUST BE POSTED IN A CONSPICUOUS PLACE ON THE JOB SITE AS WELL AS A SET OF APPROVED PLANS AVAILABLE FOR VERIFICATION BY OUR INSPECTORS.

BELOW IS A LIST OF THE MINIMUM REQUIRED INSPECTION FOR THIS PERMIT ONLY. THERE MAYBE OTHER INSPECTIONS REQUIRED THROUGH OUR BUILDING DEPARTMENT. FAILURE OF THE LIST TO INCLUDE A REQUIRED INSPECTION DOES NOT GRANT YOU AUTHORIZATION TO PROCEED WITHOUT OBTAINING INSPECTIONS REQUIRED BY THE FLORIDA BUILDING CODE. THE ORDER IN WHICH THE INSPECTIONS ARE LISTED IS NOT NECESSARILY THE ORDER THEY NEED TO BE REQUESTED.

	Initial	Date		Initial	Date
☐ FIRE ALARM			☐ HYDRANT FLOW TEST		
☐ PRESSURE TEST			☐ PERMISSION TO STOCK & TRAIN		
☐ VISUAL			☐ TEMPORARY CERTIFICATE OF OCCUPANCY		
☐ FLUSH			☐ OTHER _____		
☒ FIRE SAFETY FINAL			☐ LIFE SAFETY FINAL (All other required inspections completed)		

TO SCHEDULE AN INSPECTION CALL 632-3110 OR EMAIL: bldgcode@fscj.edu