



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



Fire Protection System Permit Application

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

Project Identification	Brief Description of Work
Project Name: _____	_____ _____ _____ _____ _____
Project Contact: _____	
Project Contact Phone: () - _____	
Associated Permit: <input type="checkbox"/> No <input type="checkbox"/> Yes <small>If yes list permit data below</small>	
Associated Permit # _____	

Permit Address (This is the physical address of the actual work location)

Campus/Center Name: _____

Street Address: _____

Building(s): _____ Room(s): _____

Licensed Contractor / Engineer

Company Name: _____

Address: _____

Phone: () - _____ Fax: () - _____

E-mail: Address _____

Qualifying Agent Name: _____

State Certification or Registration Number: _____ Qualifying Agent's Signature: _____

Fire Plans Submitted <small>(Signed and Sealed)</small>	Type of Improvement	Nature of Work (Type)
<input type="checkbox"/> Drawings Number of Pages: _____ <small>Two Sets 24" x 36"</small> <input type="checkbox"/> Specifications	<input type="checkbox"/> Existing Building <input type="checkbox"/> New Building	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Main <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Hood System

Occupancy/Hazard Classification	Job Cost	Nature of Work (Details)
Occupancy: _____	\$ _____	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Relocate <input type="checkbox"/> Addition <input type="checkbox"/> Industrial Oven <input type="checkbox"/> Paint Booth
Hazard Classification: _____		

Fire Alarm	Water Based System	Non-Water Based Systems
<input type="checkbox"/> Central Station <input type="checkbox"/> Remote Total Number of devices: _____	<input type="checkbox"/> Deluge <input type="checkbox"/> Wet Pipe <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Water Mist Total # Heads _____	<input type="checkbox"/> CO2 <input type="checkbox"/> FM-200 <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Wet Chemical Other: _____

Total area in Square Feet: _____ Fire Pump: Yes No Water Supply: Public Private Well

Comments: _____
