



Florida State College  
at Jacksonville

# FIRE PROTECTION SYSTEM WORK PERMIT APPLICATION

Project Identification		Description of Work	
Project Name: _____ Project Contact: _____ Project Contact Phone: _____ Associated Permit # _____ Notes /Other: _____		_____ _____ _____ _____ _____	
FSCJ Campus / Location			
Campus/Center Name: _____ Street Address: _____ Building(s): _____ Room(s): _____			
Licensed Contractor / Engineer			
Company Name: _____ Address: _____ Phone: _____ Email: Address _____ Qualifying Agent Name: _____ State Certification or Registration No.: _____			
		Qualifying Agent's Signature: _____	
Fire Plans Submitted (Signed and Sealed)	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 <input type="checkbox"/> Underground Piping	
Occupancy/Hazard Classification	Job Cost	Nature of Work (Details)	
Occupancy: _____ Hazard Classification: _____	\$ _____	<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	
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 <input type="checkbox"/> Other: _____	
Total area in Square Feet: _____	Fire Pump: <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Well	