



# City of Mary Esther Fire Department

## Life Safety Bureau

### Fire Sprinkler Permit Application

Date \_\_\_\_\_

L/S Permit# \_\_\_\_\_

**(Office Use Only)**

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's State Registration Number: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Occupancy Classification: (Please specify as referenced in the Life Safety Code)**

Assembly  Educational  Health-care Facility  Detention/Correctional  
 Hotels/Dormitories  Apartments  Lodging/Rooming Houses  One/Two Family  
 Residential Board/Care  Mercantile  Business  Industrial  Storage  
 Special Structure/High-Rise  Other: \_\_\_\_\_

Type of Bldg:  New Construction  Existing Building  Remodel/Addition

Type of Work:  New System  Existing Upgrade/Change-out

Cost of system being installed: \$ \_\_\_\_\_

Number of stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Number of devices: \_\_\_\_\_ (pull stations, alarm device, etc.)

Is this alarm system being monitored?  Yes  No

If yes, give monitoring facility: \_\_\_\_\_

If this is a change out, please give a brief description of work to be done: \_\_\_\_\_

**\* Please submit three (3) sets of Shop Drawings and Equipment Specifications for fire panel and all devices to be installed.**

**List all sub-contractors working under this permit:**

<b>Contractor Name</b>	<b>Address</b>	<b>Phone #</b>

**NOTICE TO APPLICANT: Prior to issuance of permit, we must have on file a current copy of the following: (1) State License; (2) Okaloosa County Occupational License; (3) Liability Insurance; (4) Workman's Compensation.**

**\*\* Fire Alarm Sequence of Inspections: (1) Rough-in inspection of device placement and wiring (2) final test and certification inspection. All inspections must be called in and scheduled with Mary Esther Fire Department Life Safety Bureau 24 hours in advance. Please call 850-243-5632 or 850-243-3566 ext. 27. \*\***

\_\_\_\_\_  
Signature of Person Applying

\_\_\_\_\_  
Date