



City of Mary Esther Fire Department

Life Safety Bureau

Fire Suppression other than 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
 Upgrade/Change-out

Type of Work: Hood Suppression Installation
 Paint Booth Suppression
 Hazardous Storage
 Other: _____

Description of work to be done: _____

Type of system to be installed: _____

*** Please submit three (3) complete sets of system specifications including details of equipment, equipment layout, location of remote pull station and nozzle placement.**

List all sub-contractors working under this permit:

Contractor Name	Address	Phone #

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.

*****Please call 850-243-5632 and schedule inspections 24 hours in advance*****

Signature of Person Applying

Date