



City of Mary Esther Fire Department

Life Safety Bureau

Application for Commercial Building Permit

Date _____

Permit# _____

Project No. _____

Accepted by _____

(Office Use Only)

Applicant's Name: _____

Project Owner's Name: _____

Project Name: _____

Complete Address of Property: _____

Subdivision Name (If Applicable): _____

Description of Work to be done: _____

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

Assembly Business Mercantile Storage Other: _____

Structure (Construction) Type: _____ Intended Use of Building: _____

Length _____ Width _____ Roof Height _____ Number of Stories _____

Number of Units _____ Sq. Footage per unit _____

Total Square Footage _____ Cost of Construction _____

Impact Fee Paid? Yes No

Name of Person Applying for Permit: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____ Fax Number: _____

Contractor State Registration Number: _____

If you are a Contractor, provide your Company Name: _____