



Fire Prevention Division

Fire Alarm Permit Application Submit plans to: Administration 4773 Pace Patriot Blvd. Pace, FL 32571	Santa Rosa County Permit #
	Suppression Permit #
	Permit Fee Paid Yes No

Installation Location

Business/Location Name:	
Street Address:	Building/Suite:
Property Owner/Rep Name:	Owner/Rep. Contact Number:
Current use of structure:	
Proposed use of structure:	

Installation Contractor Responsible for Fire Alarm System

Contract company:	Fire Alarm State License #:	Expiration Date:
Address:	City, State & Zip:	
Contact person name:	Contact Phone:	
Contact fax:	Contact E-mail:	
Installing entire system, or Name of contractor installing wire/conduit:		

Fire Alarm System Details

New system in new building New system in existing building Replacement of existing, add reason in notes Modification of existing, add reason in notes	Alarm system coverage: Per 2018IBC/IFC/IMC, 2016 NFPA 72– Check all sections which apply to the new or existing design: Required manual fire alarm Required automatic Non-Required detection Audio/visual annunciation Sprinkler monitoring Elevators HVAC detector monitoring Smoke rated fire doors Smoke damper detectors Type I hood extinguishing monitoring High rise building Special extinguishing system releasing panel Other: Offsite supervision (NFPA 72, Chapter 26) - Type:
Designers Information Name: Company: Phone: E-Mail: Qualifications: Ref. 2016 NFPA 72:	
Notes/Comments:	

Plan Submittal Checklist

The following checklist is provided as a **summary of the minimum** information required before a review will be initiated. It is the contractor’s responsibility to have a thorough working knowledge of the applicable ordinances, codes, and/or standards. Failure to provide the needed information will delay the review process.

1. Fire Alarm Permit Application, 2 sets of prints, 1 set of documents (specs, etc.)
2. Name, address, phone, fax, e-mail, and state contractor’s license number on the prints.
3. Creation date of plan, revision dates, point of compass, scale and graphic representation of scale.
4. Description of the scope of work.
5. Manufacturers cut sheets for all equipment, clearly indicating which models will be utilized.
6. Floor plan(s) indicating all device locations and clearly identifying rooms, areas, etc.
7. 1-line diagram (riser), including power connection and conductor type and sizes.
8. Battery and voltage drop calculations.
9. Clear description of ceiling construction and height or detailed elevation drawing.
10. Operation of any specialized equipment (smoke control/exhaust or other life safety systems).
11. Compatibility listings to verify component compatibility with the FA control panel
12. Alarm response matrix
13. Clearly indicate the location and tamper switches for the Knox Box (if tamper switches are installed).
14. Existing systems: Provide a copy of the most recent annual inspection report.

Required Inspections

The following inspections are **minimum** required during the project. Failure to call for an inspection may result in delays or require covered work to be uncovered for visual inspections: **1)** Rough-in inspection to be completed before wiring or wiring methods is concealed, **2)** Overhead inspections to be completed before the installation of ceiling tiles or ceiling system. **3)** Final Inspection to include verification of device placement, functional test of system, response time test, a review of contractors 100% self-inspection documentation.

Contact Info: Pace Fire Rescue District
4773 Pace Patriot Blvd.
Pace, FL 32571
P: (850) 994-6884 F: (850) 994-3683
Monday-Friday 8am-5pm

Request for review and permit

I understand and agree that this permit is only for this project and provides authorization for the limited scope of work identified on the permit and the permit remains the property of Pace Fire Rescue District. By signing below, I certify that I am an authorized agent for the company performing the work stated above, appropriately trained and qualified for the scope of work proposed, and all information provided is true and correct. I understand that if any information provided is found to be incorrect or falsely stated that any permits granted from this application are immediately null and void. I agree to comply with the ordinances of this jurisdiction and to perform the work herein stated in accordance with the submitted plans, specifications, applicable codes and standards, and shall be responsible for any and all violations of state laws and local ordinances. I understand that any alternation or change in plans made without written approval after the issuance of the permit shall constitute grounds for revocation of such permit and that all work is subject to field inspections. Permit void if work is not started within six months of the date of issue or if work stops for a period of six months. All permits expire two years from the date of their issuance. Additional permits shall be required for any additional work not authorized under a permit issued for this application. Applicant is responsible for calling to schedule all required inspections.

Name of person making application

Signature

Date