

HOLLEY-NAVARRE FIRE DISTRICT

8618 ESPLANADE ST. NAVARRE, FL 32566 (850) 939-5236

Office: admin17@hnfd.org
Fire Marshal: inspector@hnfd.org

Fire Alarm Permit Application

Date L,	/S Permit #
Project Name:	
Project Address:	
Contractor:	
Contractor State Registration Number:	
Contractor's Address:	
Contractor's Phone Number:	
Contact Person:	
Occupancy Classification: (Please specify as referenced in the Life Safety Assembly Education Health-care Facility Detention/Correction	
Apartment's Lodging/Rooming House One/Two Family Dwelling _	
Mercantile Business Industrial Storage Special Struct Other:	
Type of Bldg: New Construction Existing 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 devices, etc.)	
Is this alarm system to be monitored? Yes No if yes, give monitorion	ng facility:

If this is a change-out, pleas	se give brief description of wo	rk to be done:	
Please submit two (2) sets devices to be installed. List all sub-contractors wor		ment Specifications for fire panel and	all
Contractor Name	Address	Phone #	
(1) State License; (2) Occup * Fire Alarm Sequence of Ir test certification inspection	national License; (3) Liability Incompactions: (1) Rough-in inspec	nust have on file a current copy of the surance; (4) Workman's Compensation ction of device placement and wiring (ed in and scheduled with Holley-Navar 939-5236.	n. 2) final
 Applicant's Signature		Date	
Inspector Signature		Date	

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