



HOLLEY-NAVARRE FIRE DISTRICT

8618 ESPLANADE ST.

NAVARRE, FL 32566

(850) 939-5236

Office: admin17@hnfd.org

Fire Marshal: inspector@hnfd.org

Fire Sprinkler Permit Application

Date: _____

L/S Permit #: _____

(Office Use Only)

Project Name: _____

Project Address: _____

Contractor: _____

Contractor State Registration Number: _____

Contractor Address: _____

Contractor Phone Number: _____

Contact Person: _____

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

Assembly ___ Education ___ Health-Care Facility ___ Detention/Correction ___ Hotels/Dormitories ___

Apartments ___ Lodging/Rooming House ___ One/Two Family Dwelling ___ 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 devices, etc.)

Is this alarm system to be monitored? Yes ___ No ___ if yes, give monitoring facility: _____

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

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Please submit two (2) sets of Shop Drawings and Equipment Specifications for fire panel and all devices to be installed.

List all sub-contractors working under this permit:

Contractor Name	Address	Phone #

NOTICE TO APPLICANT: Prior to issuance or permit we must have on file a current copy of the following: (1) State License; (2) 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 certification inspection. All inspections must be called in and scheduled with Holley-Navarre Fire District at (850) 939-5236. Please call 24 hours in advance to schedule an inspection.

Applicant's Signature

Date

Fire Inspector Signature

Date