



HOLLEY-NAVARRE FIRE DISTRICT

8618 ESPLANADE ST.

NAVARRE, FL 32566

(850) 939-5236

Office: admin17@hnfd.org

Fire Marshal: inspector@hnfd.org

Application for Review of Additions, Rebuilds, Interior Build-outs, etc.

Date _____

L/S Permit # _____
(Office Use Only)

Project # _____

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 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 _____

Name of Person Applying for Permit: _____

Mailing Address: _____

Phone: _____ Email: _____

Contractor's State Registration Number: _____

If you are a Contractor provide your Company Name: _____

Applicant's Signature

Date

Inspector Signature

Date