



# HOLLEY-NAVARRE FIRE DISTRICT

8618 ESPLANADE ST.  
NAVARRE, FL 32566  
(850) 939-5236 FAX: (850) 939-0755  
[www.HNFD.org](http://www.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: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor's State Registration Number: \_\_\_\_\_

If you are a Contractor provide your Company Name: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Signature

\_\_\_\_\_  
Date