



# HOLLEY-NAVARRE FIRE DISTRICT

8618 ESPLANADE ST.

NAVARRE, FL 32566

(850) 939-5236

Office: [admin17@hnfd.org](mailto:admin17@hnfd.org)

Fire Marshal: [inspector@hnfd.org](mailto:inspector@hnfd.org)

## Application for Site Plan Review

Date: \_\_\_\_\_

Permit: \_\_\_\_\_  
(Office Use Only)

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 State Registration: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date