Lee County Community Development

FIRE PERMIT APPLICATION

☐ Commercial ☐ Residential

Property Owner: _____ Permit #: _____

STRAP #: _____ Lot: _____ Unit: _____

Job Address: _____ Subdivision: _____

Contractor Business Name / Applicant Name: _____

License #: _____ Phone #: _____

Email Address: _____

Estimated Job Value: $ _____

Job Description: _____

Project Business Name: _____

Occupancy Type: _____

Select one from each Category below, and complete all supplemental information *(as applicable)*:

Action Type: ☐ New ☐ Repair / Replace

Additional Building Info: ☐ Existing Building ☐ New Building - Associated Building Permit #_____

**Improvement Location: ☐ Exterior ☐ Interior ☐ Both

Select Type of Permit below, and complete all supplemental information *(as applicable)*:

☐ **FUEL**** ☐ **LP**** ☐ Tanks[1] ☐ Lines Only ☐ Tanks & Lines[1] # of Outlets _____ # of Tanks _____ [1]***Note**: Fuel tanks require Engineered anchoring to meet A SCE 24 – Fule Tanks in Flood Zones may have additional requirements.*		
☐ **NATURAL GAS** # of Outlets _____		
☐ **FIRE ALARM** # of devices _____	**Simplified System per F.S. 553.7932?** ☐ Yes ☐ No ☐ **MONITORING SYSTEM**	
☐ **FIRE SPRINKLERS**[2] # of heads _____ [2]Note: Fire Sprinkler systems with more than 49 heads require 61G Documents	**Simplified System per F.S. 553.7932?** ☐ Yes ☐ No **System Type:** ☐13 ☐13D ☐13R **Master Plan?** ☐ Yes ☐ No **Master #:** _____	
☐ **STANDPIPE** # of risers:_____		
☐ **HEAT HOOD** # of _____ ☐ **GREASE HOOD** # of _____ ☐ **HOOD SUPPRESSION** # of _____		
☐ **PAINT BOOTH**** ☐ **PAINT BOOTH SUPPRESSION** # of _____		
☐ **U/G FIRELINE – RELATED DEVELOPMENT ORDER NUMBER** _____		
☐ **ALTERNATIVE FIRE EXT SYSTEMS**	☐ **CLEAN AGENT SYSTEM**	
☐ **FIRE PUMP**	☐ **HYDRANT**	☐ **DRY HYDRANT**
☐ **HALON / ENERGEN**	☐ **FIREWORKS DISPLAY**	
☐ **CHEMICAL STORAGE TANK****	☐ **POLLUTANT STORAGE TANK**[1]	
☐ **WATER STORAGE TANK**[1]	☐ **SELF-CONTAINED GENERATOR****	

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I, the undersigned owner or licensed contractor, hereby certify that to the best of my knowledge, the information submitted for this permit is true and correct. I further swear and affirm that the property owner has authorized the construction, alteration, or improvements requested through this permit application.

Signature Authorization: _____ Date: _____

Print Name (required for hand signatures only): _____