



**HOLLEY-NAVARRE
FIRE DISTRICT**
8618 ESPLANADE ST.
NAVARRE, FL 32566
(850) 939-5236 FAX: (850) 939-0755
www.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: _____

**HOLLEY-NAVARRE
FIRE DISTRICT**
8618 ESPLANADE ST.
NAVARRE, FL 32566
(850) 939-5236 FAX: (850) 939-0755
www.HNFD.org

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