



HOLLEY-NAVARRE FIRE DISTRICT

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

Application for Commercial Building Plans Review

Date _____

L/S 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 _____

Impact Fee paid? Yes ___ No ___

Name of Person Applying for Permit: _____

Mailing Address: _____

Phone: _____ Fax: _____

Contractor State Registration: _____

If you are a Contractor, provide your Company Name: _____

Applicant's Signature

Date

Inspector Signature

Date