



VILLAGE OF INDIANTOWN, FLORIDA

PERMIT# | | | | | | | | | | | | | | | | | | | | | |
 Received by _____

FIRE SYSTEMS PERMIT APPLICATION

Form must be typed or printed legibly in ink. Complete all relevant fields.

PROJECT IDENTIFICATION

PROJECT NAME _____
 PROJECT CONTACT _____
 PROJECT CONTACT PHONE (____) _____ - _____ E-MAIL ADDRESS _____
 PROJECT ADDRESS _____

PROPERTY OWNERSHIP DETAILS

FULL LEGAL NAME, AGENCY, OR BUSINESS _____
 MAILING ADDRESS _____
 OWNER CONTACT PHONE (____) _____ - _____ OWNER E-MAIL ADDRESS _____
 PERMIT ASSOCIATIONS? NO YES If yes, list permit number _____

DESCRIPTION OF WORK

LICENSED CONTRACTOR

COMPANY NAME _____
 NAME _____ LICENSE # _____
 ADDRESS _____
 PHONE _____ FAX _____
 E-MAIL ADDRESS _____
 NAME (QUALIFYING AGENT) _____
 QUALIFYING AGENT SIGNATURE _____
 ADDRESS _____
 PHONE _____ FAX _____
 E-MAIL ADDRESS _____

FLORIDA DESIGN PROFESSIONAL

COMPANY NAME _____
 NAME _____ LICENSE # _____
 ADDRESS _____
 PHONE _____ FAX _____
 E-MAIL ADDRESS _____

TYPE OF IMPROVEMENT		USE	
<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Alterations and Repairs <input type="checkbox"/> New Building	<input type="checkbox"/> Tenant Build-out <input type="checkbox"/> Repair <input type="checkbox"/> Other: Specify _____	RESIDENTIAL <input type="checkbox"/> Apartments <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominiums <input type="checkbox"/> Duplex <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	NON-RESIDENTIAL <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Convert Residence <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Industrial <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Other: Specify _____
NATURE OF WORK <input type="checkbox"/> Repair <input type="checkbox"/> New <input type="checkbox"/> Spec. Build-out		# OF UNITS _____ _____ _____	<input type="checkbox"/> Mercantile <input type="checkbox"/> Warehouse <input type="checkbox"/> Utilities <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Marina <input type="checkbox"/> Auto Repair <input type="checkbox"/> School, Library <input type="checkbox"/> Restaurant <input type="checkbox"/> Parking Garage
CONSTRUCTION VALUE OF WORK Fire System Cost \$ _____		FIRE CODE USED _____	

