

David Cambareri Fire Chief

San Carlos Park Fire Disrict 19591 Ben Hill Griffin Parkway Fort Myers, FL 33913 PH (239) 267-7525 Fax (239) 267-7505



Steve Lennon Fire Marshal

FIRE PERMIT APPLICATION

(Please print or type all information)

Permit #:				Master #:				Date:		Date:	
LDO/DOS #:					STRAP #:						
Project Name:								Project Sq. Ft:			
Job Address:								Job Value:			
Contractor:								Contact:			
Mailing Address:					Lic			Licens	License #:		
Phone #: Fax				x #:				Email:			
Job Description:											
CHECK ALL INFORMATION THAT APPLIES BELOW											
	☐ Fire Alarm # of De\				evices:				ing System		
Fire Sprinkler # c			of Heads:				☐ Fire Pu	ımp			
	U/G Fire Line Dry Hydrar			rant Standpipe				# of Risers:			
Heat Hoods Linear ft:			☐ Grease Hood			ods Linear ft:		[☐ Hood Suppression Linear ft		
Paint Booth Linear ft:				☐ Suppression Lin			ression Line	ear Ft:			
	Natural Gas / ☐ LP GAS # Tank			nks: # c			utlets:		lalor	/Inergen	
DO NOT WRITE BELOW THIS LINE											
PLAN REVIEW FEE				RE	REVISON DATE						
PERMIT FEE				RESUBMITAL DATE							
INSPECTION FEE				AUTHORIZATION LETTER DATE				ATE			
				LICENSE (COPY)							
				INS	INSURANCE (COPY)						
Total Fee's											
FEES PAID						·					

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR 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 FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPESENTATION OF THE IMPROVEMENTS IS A MISDEAMEANOR AND UPON CONVICTION APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW.

 $I\,HEARBY\,CERTIFY\,THAT\,TO\,THE\,BEST\,OF\,MY\,KNOWLEDGE\,THE\,INFORMATION\,SUBMITED\,FOR\,THIS\,PERMIT\,IS\,TRUE\,AND\,CORRECT.$

SIGNATURE AUTHORIZATION	DATE