

# FIRE PROTECTION PERMIT APPLICATION

11 North Third Street, Jacksonville Beach, FL 32250  
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**FBC 8TH EDITION (2023)**

**FLORIDA FIRE PREVENTION CODE**

APPL# \_\_\_\_\_

|                             |                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LOCATION</b>             | Job Address _____                                                                                                                                                                                                                           |  | <b>OWNER OF RECORD</b>                                                                                                                                                                                     | Name _____                  |                                                                                                                                            |
|                             | Parcel ID No. _____                                                                                                                                                                                                                         |  |                                                                                                                                                                                                            | Address _____               |                                                                                                                                            |
|                             | Tenant Name _____                                                                                                                                                                                                                           |  |                                                                                                                                                                                                            | City _____ State _____      |                                                                                                                                            |
|                             | Lot/Block _____                                                                                                                                                                                                                             |  |                                                                                                                                                                                                            | Zip _____ Phone _____       |                                                                                                                                            |
|                             | Subdivision _____                                                                                                                                                                                                                           |  |                                                                                                                                                                                                            | E-Mail _____                |                                                                                                                                            |
| <b>SCOPE</b>                | Project Valuation (Equipment, materials, labor, overhead, and profit) \$ _____                                                                                                                                                              |  |                                                                                                                                                                                                            | Work Area _____ Sq Ft _____ |                                                                                                                                            |
|                             | <b>EXISTING USE OF BUILDING</b>                                                                                                                                                                                                             |  | <b>PROPOSED USE OF BUILDING</b>                                                                                                                                                                            |                             | <b>IMPROVEMENT TYPE</b>                                                                                                                    |
|                             | <input type="checkbox"/> One or Two-Family Residential<br><input type="checkbox"/> Multiple-Family Residential<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Other _____                                               |  | <input type="checkbox"/> One or Two-Family Residential<br><input type="checkbox"/> Multiple-Family Residential<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Other _____              |                             | <input type="checkbox"/> New Installation<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Alteration/Repair/Relocation |
|                             |                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
| <b>SYSTEM TYPE</b>          | <b>ELECTRICAL SYSTEM VALUATION</b>                                                                                                                                                                                                          |  | <b>MECHANICAL SYSTEM VALUATION</b>                                                                                                                                                                         |                             |                                                                                                                                            |
|                             | <input type="checkbox"/> Fire Alarm Control Panel \$ _____<br><input type="checkbox"/> Bi-Directional Amplifier \$ _____<br><input type="checkbox"/> Low Voltage \$ _____<br><input type="checkbox"/> Electronic Gate/Key Lock Box \$ _____ |  | <input type="checkbox"/> Fire Sprinkler \$ _____<br><input type="checkbox"/> Fire Standpipe \$ _____<br><input type="checkbox"/> Fire Pump \$ _____<br><input type="checkbox"/> Fuel Storage Tank \$ _____ |                             |                                                                                                                                            |
|                             |                                                                                                                                                                                                                                             |  | <input type="checkbox"/> Fire Main Underground \$ _____<br><input type="checkbox"/> Kitchen Exhaust Hood \$ _____<br><input type="checkbox"/> Fire Suppression \$ _____                                    |                             |                                                                                                                                            |
|                             | <b>OTHER NOT LISTED (EXPLAIN BELOW)</b>                                                                                                                                                                                                     |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
|                             | _____<br>_____<br>_____                                                                                                                                                                                                                     |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
| <b>CONTRACTOR OF RECORD</b> | Company Name _____ DBA Name _____                                                                                                                                                                                                           |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
|                             | Qualifier Primary Name _____ License Number _____                                                                                                                                                                                           |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
|                             | License Location _____                                                                                                                                                                                                                      |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
|                             | Mailing Address _____                                                                                                                                                                                                                       |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
|                             | Phone _____ E-Mail _____                                                                                                                                                                                                                    |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |
|                             | Inspection Contact E-Mail _____                                                                                                                                                                                                             |  |                                                                                                                                                                                                            |                             |                                                                                                                                            |

**OWNER'S AFFIDAVIT and ELECTRONIC SUBMISSION STATEMENT:** Application is hereby made to obtain a permit to do the work as indicated above and I certify that no work has commenced and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction, whether specified herein or not. I understand: 1) Additional permits are required for **Building, Electrical, Plumbing, Mechanical, Green Energy, Roofing, etc.** and 2) Additional approvals may be required from other entities and that the right, title and interest of a person who has contracted for improvements may be subject to attachment under the Construction Lien Law and promise in good faith to provide a copy of the DBPR Construction Lien Law statement to any owner making improvements to real property. Issuance of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state, or local laws. Unless owner builder exemption is elected, I certify the contracting firm listed above is authorized to act as my agent to obtain a permit for the work described herein.

**INSTALLATION INSTRUCTIONS STATEMENT:** I certify all materials installed will match the product(s) listed above will be installed in accordance with all applicable codes and standards. A legible copy of each manufacturer's installation instructions will be posted on-site for the inspector.

**In lieu of signed, sworn and notarized signatures of the property owner, agent and/or contractor and under penalty of perjury, I declare that I have read and examined this application and all of the foregoing information is true and correct. Payment of required permit fees will make this application valid and binding to the same force and effect as handwritten signatures and that I may be required to provide traditional signatures at a later date.**

**WARNING TO OWNER:** FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. SAID RECORDED NOTICE MUST BE POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. CONSULT WITH YOUR LENDER OR AN ATTORNEY IF YOU INTEND TO OBTAIN FINANCING.