



City of Deltona Fire Department
 2345 Providence Blvd, Deltona, FL 32725
 Phone (386)878-8655 Fax (386)878-8651
 Inspections: (386)878-8655

PERMIT No. _____

PARCEL/TAX ID No. _____

FIRE PROTECTION SYSTEMS PERMIT APPLICATION

TYPE OR PRINT IN BLACK OR BLUE INK ONLY

Select one

- Fire Sprinkler Fireworks Display
 FS Underground Special Event
 Fire Alarm Open Burn
 Fixed Suppression
 Other: _____

PROJECT LOCATION (Building Address, include suite #)	
PROJECT DESCRIPTION (Include type of system)	

Property Owner's Name/Business Name	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
General Contractor/Company's Name/License No.	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:
Engineer of Record	Mailing Address (Include City and Zip)	Phone:
	E-mail Address	Fax:

PROJECT	TOTAL AREA	TYPE	NO. OF STORIES	USE/OCCUPANCY CLASS
<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Other <input type="checkbox"/> Build Out	Existing Sq. Ft. _____ Additional Sq. Ft. _____ TOTAL Sq. Ft. _____	Construction Type _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____	<input type="checkbox"/> One Story <input type="checkbox"/> Two Story <input type="checkbox"/> Other: _____	Occupancy Class _____ Total Number of Occupants _____ Number of Systems _____

ESTIMATED VALUATION: \$ _____

 Signature of Applicant Date
 (Contractor's Signature to be notarized)

STATE OF FLORIDA, COUNTY OF _____
 Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is personally known to me or who has produced _____ (type of ID) identification.

 Signature of Notary Public State of Florida Print, Type or Stamp Name of Notary (SEAL):

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Have permit/ number and confirmation # when requesting inspections, call 386-878-8655. The inspection will be done the following business day, unless, otherwise previously schedule.

APPROVAL CONDITIONS: This permit is issued pursuant to the attached conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. It is an administrative directive of the City, in keeping with standard industry practice and to limit the liability of the City, that no building permit be issued to the applicant until all related local, state and federal permits have been approved and provided to the appropriate City department.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law.

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

Florida Statue 713 .135

PERMIT ISSUED BY MUNICIPAL AGENT _____ **DATE:** _____