



# Fire Prevention Permit Building Permit

Florida Building Code 8th Edition (2023)  
Florida Fire Prevention Code 8<sup>th</sup> Edition

# 27

**Job Information** Application Date: \_\_\_\_\_ Est. cost: \_\_\_\_\_ Permit #: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_ Job Address: \_\_\_\_\_

Legal: Sub/Unit/Blk/Lot: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Mailing Address (if different): \_\_\_\_\_

## Primary Contractor Information

Contractor: \_\_\_\_\_ State Cert/CC Comp Card #: \_\_\_\_\_

Address/Email/Phone: \_\_\_\_\_

Job Representative Contact Info: \_\_\_\_\_

## Description of Work

\_\_\_\_\_

## Work Being Performed

Is this work being performed in conjunction with another permit? Yes ☐ No ☐ If yes, Permit #: \_\_\_\_\_

Fire Alarm System: ☐ Fire Alarm Monitoring: ☐ Fire Alarm System Project: ☐ (*less than 20 devices*)

Fire Sprinkler System Modification ☐ Fire Sprinkler System Project: ☐ (*less than 20 sprinkler heads*)

Hood Suppression: ☐ Hood System: ☐ Fire Main: ☐ Fire Hydrant: ☐ Fire Pumps: ☐ Fire Standpipe: ☐ Access Gates: ☐

Fuel Tanks (check type): LP Tank: ☐ Gas Tank: ☐ Diesel: ☐ Other: \_\_\_\_\_

Number of Tanks: \_\_\_\_\_ Tank Capacity: \_\_\_\_\_

Building Height (at eaves): \_\_\_\_\_ Gross Sq Ft: \_\_\_\_\_ Number of Applicable Devices: \_\_\_\_\_

Distance from Street Connection to Building Connection: \_\_\_\_\_

## Does this work meet "F.S. 553.7932 Simplified Permitting Processes" criteria?

**"Fire alarm system project"** means a fire alarm system alteration of a total of 20 or fewer initiating devices and notification devices, or the installation or replacement of a fire communicator connected to an existing fire alarm control panel in an existing commercial, residential, apartment, cooperative, or condominium building.

☐ **By checking this box, I certify that this project meets the requirements stated above.**

**"Fire sprinkler system project"** the sprinklers are of the same K-factor and located in spaces where there is no change of hazard classification or increased system coverage area, or the installation or replacement of an equivalent fire sprinkler system component in an existing commercial, residential, apartment, cooperative, or condominium building. For purposes of this paragraph, a component is equivalent if the component has the same or better characteristics, including electrical, hydraulic, pressure losses, and required listings and spacing as the component being replaced.

☐ **By checking this box, I certify that this project meets the requirements stated above.**

Fire Alarm/Sprinkler System Project:

Number of Applicable Devices: \_\_\_\_\_

Number of Floors affected: \_\_\_\_\_

**Be advised that significant portions of the City of Marco Island are subject to deed restrictions. It is incumbent upon the property owner to research deed restrictions that may be applicable to their property. Questions regarding deed restrictions should be directed to the Marco Island Civic Association (MICA) at (239) 642-7778.**

**Job Information** Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

**The following must be included with the application**

- ☐ Floor plans showing placement of all life safety / fire protection.
- ☐ Schematic riser/wiring diagram showing zone arrangement.
- ☐ Specification sheets for all equipment and devices used, including panel, pull stations, horns, etc.
- ☐ Written description of system installation and operation, including numbers of devices used, method of emergency forces notification, emergency control functions, etc.

**Regulations and Information**

1. The City of Marco Island adopted the Florida Fire Prevention Code 8<sup>th</sup> Edition, including supplements.
2. If the total system costs exceed \$5,000.00, such plans shall be sealed by a Florida registered engineer. FLA Statutes 553.79.6-E.
3. Visit [www.cityofmarcoisland.com/CSS](http://www.cityofmarcoisland.com/CSS) for more information about how to submit for permit.
4. One application must be filled out with the original signature of the qualifier pulling the permit.
5. New construction shall be equipped with automatic fire sprinkler systems installed according to NFPA 13, NFPA 13D, or NFPA 13R as applicable in the following classifications of occupied business, industrial, and storage.
6. See Schedule of Fire Prevention & Control Fees to calculate your permit fees. Ask the permit clerk for a copy if you do not already have one.

**Design Professional Information (Enter Name, License Number, and Address.)**

Architect: \_\_\_\_\_

Engineer: \_\_\_\_\_

**Miscellaneous Information (Enter Company Name and Address.)**

Fee Simple Title Holder: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Mortgage Lender: \_\_\_\_\_

**Additional Portal Access Permission**

I am authorizing the general contractor for this project \_\_\_\_\_, and/or permitting service \_\_\_\_\_ to have full access to this permit via the Citizens Self Service Portal. I acknowledge that I am solely responsible for managing any/all permits applied for under my license.

**Voluntary Owner Contact Info**

If the property owner for this project would like to be copied on City emails related to this permit add their email here. Owner's Email Address: \_\_\_\_\_

**Job Information** Address: \_\_\_\_\_ Permit #: \_\_\_\_\_

**Owner's Affidavit** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR 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.**

\_\_\_\_\_  
Print Name of Owner or Agent for Owner

\_\_\_\_\_  
Signature of Owner or Agent for Owner

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, who is ☐ personally known to me, or ☐ has produced \_\_\_\_\_ as identification,

by means of ☐ physical presence or ☐ online notarization.

\_\_\_\_\_  
Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary

**Contractor's Affidavit**

I certify that all the foregoing information is accurate and that all work must be done in compliance with all applicable laws regulating construction and zoning. I understand **THERE WILL BE A FINAL INSPECTION** of the work permitted herein. Compliance will be strictly enforced.

**No work whatsoever will commence until the building permit has been issued.**

- The permit fee will be quadrupled if work is started without an approved permit.
- The permittee further understands that only licensed contractors may be employed and that the structure shall not be used or occupied until a Certificate of Occupancy is issued.
- See Section 105.5 of the Marco Island Administrative Construction Code for information regarding the permit expiration date.
- I will provide the Florida DBPR - Florida Lien Law statement to the person whose property is subject to attachment.

\_\_\_\_\_  
Print Name of Licensed Contractor

\_\_\_\_\_  
Signature of Licensed Contractor

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, who is ☐ personally known to me, or ☐ has produced \_\_\_\_\_ as identification,

by means of ☐ physical presence or ☐ online notarization.

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Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary