

## Fire Prevention Permit Building Permit Florida Building Code 8th Edition (2023)

Florida Fire Prevention Code 8th Edition

| Job Information   | Application Date:   | Est. cost:   | Permit #:  |
|---|---|--|--|
| Parcel ID #:  |   | Job Address:   |  |
| Legal: Sub/Unit/B   | slk/Lot:  |  |  |
|   |   |  |  |
| Owner's Mailing   | Address (if different):   |  |  |
| <b>Primary Contrac</b>  | ctor Information  |  |  |
| Contractor:   |   | State Cert/CC (  | Comp Card #:   |
| Address/Email/Ph  | one:  |  |  |
| Job Representative  | e Contact Info:   |  |  |
|   |   |  |  |
|   |   |  |  |
| <b>Work Being Perf</b>  | <mark>ormed</mark>  |  |  |
| Is this work being  | performed in conjunction w  | with another permit? Yes $\square$ No $\square$  | If yes, Permit #:  |
| Fire Alarm Systen   | n:   Fire Alarm Monitor   | ing: □ Fire Alarm System Project: □  | (less than 20 devices)   |
| Fire Sprinkler Sys  | tem Modification   Fire   | Sprinkler System Project: □(less than  | 20 sprinkler heads)  |
| Hood Suppression  | n:□ Hood System:□ Fire  | e Main:□ Fire Hydrant:□ Fire Pun   | nps:□ Fire Standpipe:□ Access Gates: □   |
| Fuel Tanks (check   | type): LP Tank:  Gas  | Tank: ☐ Diesel: ☐ Other:   |  |
| Number of Tanks:  | Tank C  | Capacity:  |  |
| Building Height (a  | at eaves):  | Gross Sq Ft: Number of A   | Applicable Devices:  |
| Distance from Stre  | eet Connection to Building  | Connection:  |  |
| Does this work m  | neet "F.S. 553.7932 Simplif   | fied Permitting Processes" criteria?   |  |
| or the installation residential, apartm   | or replacement of a fire content, cooperative, or condon  | nmunicator connected to an existing fi   | r fewer initiating devices and notification devices, re alarm control panel in an existing commercial, red above.  |
| classification or in an existing common equivalent if the common and spacing as the  By checking to Fire Alar | creased system coverage ar<br>ercial, residential, apartment<br>component has the same or be<br>component being replaced. | ea, or the installation or replacement of<br>t, cooperative, or condominium building<br>tetter characteristics, including electric<br>project meets the requirements state:: | d in spaces where there is no change of hazard of an equivalent fire sprinkler system component in ng. For purposes of this paragraph, a component is al, hydraulic, pressure losses, and required listings and above. |
|   | 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.

| Jo   | <mark>b In</mark>  | formation               | Address:                                    |                             |                      | Permit #:                 |                              |
|--|--|-------------------------|---|-----------------------------|----------------------|---------------------------|------------------------------|
|  | 0.11   |                         |   |                             |                      |                           |                              |
| Th   | e foll   |                         | be included with the                        |                             |                      |                           |                              |
|  |  | -                       |   | f all life safety / fire pr |                      |                           |                              |
|  |  |                         |   | nowing zone arrangen        |                      |                           |                              |
|  |  | Specification           | n sheets for all equipr                     | nent and devices used       | , including panel, p | ull stations, horns, etc. |                              |
|  |  | Written desc            | ription of system inst                      | allation and operation      | i, including number  | s of devices used, meth-  | od of emergency forces       |
|  |  | notification,           | emergency control fu                        | inctions, etc.              |                      |                           |                              |
| Re   | gulat  | tions and Info          | <mark>ormation</mark>                       |                             |                      |                           |                              |
| <ol> <li>2.</li> <li>3.</li> <li>5.</li> </ol> | 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. Visit <a href="https://www.cityofmarcoisland.com/CSS">www.cityofmarcoisland.com/CSS</a> for more information about how to submit for permit. One application must be filled out with the original signature of the qualifier pulling the permit. 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. |                         |   |                             |                      |                           |                              |
| <mark>De</mark>                                | sign   | Professional            | <b>Information</b> (Enter                   | Name, License Num           | ber, and Address.)   | )                         |                              |
| Ar   | chite  | ct:                     |   |                             |                      |                           |                              |
| En   | ginee  | er:                     |   |                             |                      |                           |                              |
|  |  |                         |   |                             |                      |                           |                              |
| <b>M</b> i                                     | scell  | aneous Infor            | <mark>mation</mark> (Enter Com <sub>l</sub> | oany Name and Add           | ress.)               |                           |                              |
| Fe   | e Sim  | ple Title Hole          | der:  |                             |                      |                           |                              |
| Во   | nding  | g Company:              |   |                             |                      |                           |                              |
| Mo   | ortgag   | ge Lender:              |   |                             |                      |                           |                              |
|  |  |                         |   |                             |                      |                           |                              |
| Ad   | <mark>lditi</mark> o   | nal Portal A            | ccess Permission                            |                             |                      |                           |                              |
| I a  | m aut  | thorizing the           | general contractor for                      | this project                |                      |                           | _, and/or permitting service |
|  |  |                         |   |                             |                      |                           | I acknowledge that I am      |
| sol  |  |                         |   | rmits applied for unde      | _                    |                           | $\mathcal{E}$                |
|  | ,  |                         |   | 11                          | •                    |                           |                              |
|  |  | ary Owner Coperty owner |   | d like to be copied on      | City emails related  | to this permit add their  | email here. Owner's Email    |
| Ad   | dress  | ;                       | -   | -                           |                      |                           |                              |

| Job Information  | Address:   | Permit #:   |   |
|--|--|---|---|
|  | certify that all the foregoing information is lating construction and zoning.  | s accurate and that all work will be done in con  | mpliance with all                           |
| COMMENCE!<br>TO YOUR PROPOSTED ON TO<br>OBTAIN FINA  | MENT MAY RESULT IN YO<br>OPERTY. A NOTICE OF CO<br>THE JOB SITE BEFORE THE<br>ANCING, CONSULT WITH Y   | TO RECORD A NOTICE OF OUR PAYING TWICE FOR IMP MMENCEMENT MUST BE REFIRST INSPECTION. IF YOU YOUR LENDER OR AN ATTOMYOUR NOTICE OF COMMEN | CORDED AND<br>INTEND TO<br>RNEY BEFORE      |
| Print Name of Owner  | r or Agent for Owner   | Signature of Owner or Agent for Owner   |   |
| State of   | County of  |   |   |
|  |  | day of, 20  | 0,  |
|  |  | known to me, or □has produced   |   |
| Printed, Typed, or St.  Contractor's Affida I certify that all the foconstruction and zone be strictly enforced.  No work whatsoeve.  The permit fee we the permittee further permittee further coccupied until a see Section 105. | oregoing information is accurate and that a ing. I understand <b>THERE WILL BE A F r will commence until the building perm</b> will be quadrupled if work is started withou urther understands that only licensed contra Certificate of Occupancy is issued.  5 of the Marco Island Administrative Const |   | shall not be used or ermit expiration date. |
| 1 will provide the   | e Florida DDFR - Florida Elen Law statem   | ent to the person whose property is subject to a  | attacimient.                                |
| Print Name of Licens   | sed Contractor   | Signature of Licensed Contractor  |   |
| State of   | _ County of  |   |   |
| The foregoing instru   | ment was acknowledged before me this   | day of, 20  | 0   |
|  | , who is □personally and presence or □ online notarization.  | known to me, or □has produced   | as identification,                          |
|  | blic – State of Florida  | (Seal)  |   |
| Printed, Typed, or St  | amped Name of Notary   |   |   |