



Osceola County Department of Fire Rescue and Emergency Medical Services



FIRE SYSTEMS PERMIT APPLICATION

2586 Partin Settlement Road, Kissimmee, FL 34744

**TO SCHEDULE INSPECTIONS, CALL THE IVRS AUTOMATED LINE AT 407-742-0210 (24 HOURS PRIOR)
or SCHEDULE YOUR INSPECTION ONLINE BY VISITING: <http://permits.osceola.org>**

JOBSITE ADDRESS		REF. BUILDING PERMIT NO.	FIRE PERMIT NO.
APPLICANT	MAIL ADDRESS	PHONE	EMAIL
OWNER	MAIL ADDRESS	PHONE	EMAIL
CONTRACTOR	MAIL ADDRESS	PHONE	LICENSE NO.
ENGINEER	MAIL ADDRESS	PHONE	LICENSE NO.
ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	LICENSE NO.
JOBSITE BUSINESS NAME (If Applicable):	CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> REVISION* <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPLACE/REPAIR		
Description of Work:			
Building Model Type (If Applicable):	# of Sprinkler Heads (If Applicable):	Revision # (Office Use Only):	Valuation of Work: \$
<u>NOTICE</u>		Please check the box next to the type of permit you are requesting:	
<p>SEPARATE PERMITS ARE REQUIRED FOR ELECTIRCAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTIN AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT AMY TIME AFTER WORK IS COMMENCED. THIS PERMIT EXPIRES 1 YEAR FROM DATE ISSUED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OF LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p> <p>IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY, <u>AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES, OR FEDERAL AGENCIES.</u></p>		HOOD SUPPRESSION SYSTEM <input type="checkbox"/>	
		FIRE SPRINKLER SYSTEM – ABOVEGROUND <input type="checkbox"/>	
		FIRE SPRINKLER SYSTEM – UNDERGROUND <input type="checkbox"/>	
		FIRE ALARM SYSTEM <input type="checkbox"/>	
		KEY LOCK BOX WITH TAMPER SWITCH <input type="checkbox"/>	
		ELECTRONIC GATE KEY SWITCH <input type="checkbox"/>	
		CONTROLLED ENTRY PADLOCK <input type="checkbox"/>	
TYPE/PRINT NAME OF CONTRACTOR/AUTHORIZED AGENT _____ (DATE)		<u>For Office Use Only:</u> 	
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT _____ (DATE)			
SIGNATURE OF OWNER (IF OWNER/BUILDER) _____ (DATE)			

*Revision fees may apply