



FIRE ALARM / SUPPRESSION PERMIT APPLICATION

APPLICANT SERVICES
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FIRE DEPARTMENT
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Location: 435 N Macomb St.
Tallahassee, Florida 32301

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Tallahassee, Florida 32301

www.talgov.com

Date: _____ **Fire Alarm / Suppression Permit #:** TFA
Call Back #: _____ **Building Permit #:** TBB
Email Address: _____

Application is herewith made for a fire alarm /suppression permit covering installation in or on the premises stated below. The applicant hereby agrees to make such installation in accordance with the requirements of the Florida Fire Prevention Code, 2007 Edition.

NOTICE TO CONTRACTOR: ANY JOB VALUE GREATER THAN \$2,500.00 THAT IS NOT ASSOCIATED WITH A BLDG PERMIT **WILL REQUIRE A NOTICE OF COMMENCEMENT** BEFORE FIRST INSPECTION

Fire Alarm / Suppression Contr.: _____ **License #:** _____
Job Address: _____ **UNIT #** _____ **Cost of Improvement: \$** _____
Owner: _____ **Parcel ID#:** _____

A. TYPE OF IMPROVEMENT	C. CLASS OF BUILDING	(Proposed Use)
01 NEW BUILDING	04 QUADRIplex	09 WAREHOUSE *****22 OFFICE, PROFESSIONAL
02 ADDITION	05 MULTI FAMILY _____units	15 BUSINESS *****24 PUBLIC UTILITY
03 ALTERATION / REPAIR	06 ROOMING HOUSE _____units	16 AMUSEMENT, REC. *****25 SCHOOL, LIBRARY, EDUCATION
09 FOUNDATION ONLY	07 HOTEL, MOTEL _____units	*****17" CHURCH, OTHER RELIGIOUS *****26 "UTORES, MERCANTILE
	08 DORMITORY _____units	*****18" INDUSTRIAL *****52 COMM ACCESSORY STRUCTURE
		19 PARKING GARAGE *****37 RESTAURANTS
		20 SERV. STATION, REP GARAGE
		21 HOSPITAL, INSTITUTIONAL "___ OTHER SPECIFY _____

FIRE ALARM (911)

Base # of Devices 20% BIFS Total
 \$140 + (_____ x \$1.65) + _____ = _____

* Single station smoke detectors are exempt

FIRE SUPPRESSION (912/913)

Base # of Outlets 20% BIFS Total
 \$140 + (_____ x \$1.65) + _____ = _____
 (_____ x \$1.00) + _____ = _____

Charge per outlet will be \$1.00 per head for single rooms larger than 10,000 sq. ft.

HOOD SUPPRESSION (912/913)

Base # of Outlets 20% BIFS Total
 \$140 + (_____ x \$1.65) + _____ = _____

UNDERGROUND ONLY (914)

Base 20% BIFS Total
 \$140 + \$ 28 = \$ 168.00

***Expedite** \$ _____

By checking the box above, applicant acknowledges additional fees

Historic properties are exempt from all Fire Department fees, with approved documentation from The Historical Preservation Board.

Total Fees: \$ _____

Applicant Signature: _____ **Date:** _____

Fire Inspector Signature: _____ **Date:** _____