



Fire Safety Application

Escambia County, Florida

Fire Safety Permit Number:	
Building Permit Number:	
Approved By:	Date:

Nature of Job: Commercial Hood Hood Suppression Sprinkler System Underground Piping

Job Address:	Lot or Apartment Number:
Owner Name:	Phone Number:
Project Name:	
Name of Installer:	Phone Number:
Name of Company:	Phone Number:

Please complete all sections below that may apply:			
Sprinkler System: <i>(Circle one)</i>		Commercial Range Hood Duct Systems (ONLY)	
Partial (P) or Complete (C)		Number of Underground Stub-ins (ONLY)	
Standpipe System: <i>(Circle one)</i>		Number of Heads	
Class I, Class II, or Class III		Number of Commercial Range Hoods	
Number of Units		Number of Hood Suppression Systems	
Number of Units Per Floor		Number of Garbage Chutes	
Number of Floors		Number of Laundry Chutes	
Total Square Feet		Number of Hose Cabinets	
Number of Chlorine Tanks		Number of Underground Fire Mains	
Number of Fire Hydrants			
Number of Fire Department Hoses			
Number of Fire Pump Connections			

Additional Information:

NOTICE: No work shall be commenced until a permit has been secured. All work must be inspected before covering. At least twenty-four (24) hours notice must be given for inspection.

I hereby make application to perform the work as described herein. All Provisions of the Law shall be complied with whether they have been specified herein or not.

Applicant's Signature:	Date:
County License Number:	Escrow Account Number:

County License Number and Escrow Account Number **MUST** be completed for processing

Inspector's Section	
1 st Rough:	Date of Inspection:
2 nd Rough:	Remarks:
Final:	