



**City of Deltona
Fire Department**
2345 Providence Blvd, Deltona, FL 32725
Ph (386)878-8655 – Fax (386)878-8651
www.deltonafl.gov

PERMIT No. _____

PARCEL/TAX ID No. _____

FIRE PROTECTION SYSTEMS PERMIT APPLICATION

TYPE OR PRINT IN BLACK OR BLUE INK ONLY

FFPC 5th Edition

Select One:

- Fire Sprinkler FS Underground
 Fixed Suppression Exhaust Hood
 Fire Alarm Open Burn
 Other: _____

| | |
|--|--|
| PROJECT LOCATION (Building Address, include suite #) | |
| PROJECT DESCRIPTION (Include type of system) | |

| | | |
|---|---|------------------------|
| Owner's Name/Business Name | Mailing Address (Include City and Zip) | Phone: () - |
| | E-mail Address | Fax: () - |
| Contractor/Company's Name/License No.: | Mailing Address (Include City and Zip) | Phone: () - |
| | E-mail Address | Fax: () - |
| Engineer of Record Name/License No.: | Mailing Address (Include City and Zip) | Phone: () - |
| | E-mail Address | Fax: () - |

| | | | | |
|---|---------------------|--|---|--------------------------|
| PROJECT | TOTAL AREA | TYPE | STORIES | Type of Business: |
| <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Other <input type="checkbox"/> Move | TOTAL _____ Sq. Ft. | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____ | <input type="checkbox"/> One Story <input type="checkbox"/> Two Story <input type="checkbox"/> Other: _____ | |

ESTIMATED VALUATION : \$ _____

Signature of Applicant
(Contractor's Signature to be notarized)

Date

STATE OF FLORIDA, COUNTY OF _____

Affirmed and subscribed before me this _____ day of _____ 20____ by _____ who is personally known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida Print, Type or Stamp Name of Notary (SEAL):

The applicant agrees to comply with all laws, Municipal Ordinances, and the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipal Agency, or Inspector; and certifies that all of the above information is accurate. When requesting inspections please call 386-878-8655; the inspection(s) will be done the following business day, unless otherwise previously scheduled.

PERMIT EXPIRATION - Permit expires 180 days from date issued unless otherwise noted below or governed by law.

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.

Florida Statue 713.135

PERMIT ISSUED BY MUNICIPAL AGENT _____ DATE: _____