

CEDAR HAMMOCK FIRE RESCUE
FIRE PREVENTION BUREAU
5200 26TH ST. W.
BRADENTON, FL 34207

APPLICATION FOR PERMIT TO INSTALL
FIRE DETECTION OR FIRE PROTECTION SYSTEM

PROJECT NAME: _____ DATE: _____

PROJECT LOCATION: _____

TYPE OF PERMIT: _____ Underground Private Fire Service Water Line Installation (\$250.00 Flat Fee)
(check one per Application) _____ **Aboveground Automatic Fire Suppression System Installation (*)**
_____ **Fire Alarm and Detection System Installation (*)**
_____ Commercial Cooking Fire Suppression System Installation (\$250.00 Flat Fee)
_____ Other _____

***Fire Alarm & Fire Sprinkler Permits shall be a \$250.00 minimum up to 5,000 sq. ft. +\$0.01/sq.Ft. thereafter. Square footage is determined based on the building permit and sq. ft. under roof.**

CONTRACTOR: _____

LICENSE NO. _____ TYPE: I II III IV V EF EC
(Contractor to provide copy of current license)

BUSINESS NAME: _____

MAILING _____
ADDRESS: _____
City/State/Zip _____

OFFICE PHONE: (____) _____

CELL PHONE: (____) _____ EMAIL: _____

This is not a permit, only an application for one. Permit review fee is payable to Cedar Hammock Fire Rescue. If permit type is not listed above, please refer to the Uniform Service Fees Schedule located on our website www.CHFR.org under the prevention tab for permit cost. No work shall begin until a permit for work is issued by this office and is posted on the job site. Any problems noted or the required re-submittal of plans will be outlined in a comment letter to your above-listed address. One (1) hard set of plans shall be dropped off to our main address and one set emailed to mmassella@chfr.org with permit application, copy of license, and materials sheets. If you have any questions, please call me at 941-727-2076. **Schedule inspections or acceptance testing at least two working days in advance.**

If you wish to have the approved plans and permit mailed to your office, leave a self-addressed stamped package envelope. Otherwise, your office will be called when ready for pick-up.

PERMIT # _____ FEE PAID \$ _____ CASH/CHECK # _____