



CITY OF PANAMA CITY BEACH

Building and Planning Department
Fire Rescue Inspections Division

FIRE SUPPRESSION PERMIT WORKSHEET



Code in effect 8th Edition Florida Building Code (2023), 8th Edition Florida Fire Prevention Codes

Contractor Information	
Company Name: _____	Phone Number: _____
License Holder Name: _____	License Number: _____
Email address for payment invoice/letter: _____	

Project and Job Site Information	
Project Name: _____	Master Permit #: _____
Job Site Address: _____	Suite/Unit: _____ Zip Code: _____
Parcel ID: _____	# of Floors: _____ Sq. Ft. _____
Owner Name: _____	Owner Phone Number: _____

Fire Suppression System	
<input type="checkbox"/> Commercial	<input type="checkbox"/> New Construction
<input type="checkbox"/> New System	<input type="checkbox"/> Existing Structure
<input type="checkbox"/> Renovation to Existing System	<input type="checkbox"/> Residential
If Permit is for Site Inspection: <input type="checkbox"/> Underground Hydro Inspection, Pressure Test and Flush <input type="checkbox"/> Hydrant Flow Test	
JOB COST: _____	
Description of Work: _____	

SQUARE FOOTAGE: _____	# FLOORS: _____
___ Piping	___ Fire Cabinets
___ Sprinkler Heads # of heads: _____	___ Fire Pump Connection
___ Vent Hood # of heads: _____	___ Garbage Chutes # Floors _____
	___ Laundry Chutes # Floors _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, HVAC, etc.

I understand all REQUIRED INSPECTIONS will be requested of the work permitted herein. Compliance will be strictly enforced. This permit is VOID after six (6) months from issuance unless the work it covers has been commenced and has had ongoing approved inspections. The Building Official may revoke this permit or remove service, in such case as there has been any false statement or misrepresentation as to the material fact in the application or plans upon which this permit was based.

Print Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Contractor Authorized Agent