

## **ESTERO FIRE RESCUE**

21500 Three Oaks Parkway Estero, FL 33928 PH (239) 390-8000 Fax (239) 390-8020



Phillip Green Fire Marshal

## **FIRE PERMIT APPLICATION**

(Please print or type all information)

Permit #:				Master #:					Date:		
LDO/DOS#:				STRAP #:							
Project Name:									Project Sq. Ft:		
Job Address:									Job Value:		
Contractor:									Contact:		
Mailing Address:									License #:		
Phone #: Fax #				<i>‡</i> :					Email:		
Job Description:											
CHECK ALL INFORMATION THAT APPLIES BELOW											
	Fire Alarm # of Device				ees:				ring System		
	Fire Sprinkler # of Head				s: Fire Pu				ımp		
	☐ U/G Fire Line ☐ Dry Hydrant			☐ Standpipe					# of Risers:		
Heat Hoods Linear ft:				Grease Hoods Linear ft:					☐ Hood Suppression Linear ft		
Paint Booth Linear ft:			1	☐ Suppression Lin				ression Line	ear Ft:		
	Natural Gas / LP GAS # Tanks			s: # of (			Out	Outlets:		Halon/Inergen	
DO NOT WRITE BELOW THIS LINE											
PLAN REVIEW FEE					REVISON DATE						
PERMIT FEE				1	RESUBMITAL DATE						
INSPECTION FEE			1	AUTHORIZATION LETTER DATE							
				1	LICENSE (COPY)						
					INSURANCE (COPY)						
Total Fee's				1							
FEES PAID											

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN SIX (6) MONTHS FROM THE DATE ISSUED OR NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENTLY PASSED INSPECTION. THE PERMIT IS VOID IF THE ZONING CLASSIFICATION IS VIOLATED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPESENTATION OF THE IMPROVEMENTS IS A MISDEAMEANOR AND UPON CONVICTION APPLICANT CAN BE PUNISHED AS PROVIDED BY THE LAW.

 $I\,HEARBY\,CERTIFY\,THAT\,TO\,THE\,BEST\,OF\,MY\,KNOWLEDGE\,THE\,INFORMATION\,SUBMITED\,FOR\,THIS\,PERMIT\,IS\,TRUE\,AND\,CORRECT.$ 

SIGNATURE AUTHORIZATION	D A TIPE
SIGN ATTIVE ATTIVIDADIZATION	DATE