



**CITY OF STUART**

PERMIT# | | | | | | | | | | | | | | | | | | | | | |  
 Received by \_\_\_\_\_

**FIRE SYSTEMS PERMIT APPLICATION**

Form must be typed or printed legibly in ink. Complete all relevant fields.

**PROJECT IDENTIFICATION**

PROJECT NAME \_\_\_\_\_  
 PROJECT CONTACT \_\_\_\_\_  
 PROJECT CONTACT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 PROJECT ADDRESS \_\_\_\_\_

**PROPERTY OWNERSHIP DETAILS**

FULL LEGAL NAME, AGENCY, OR BUSINESS \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 OWNER CONTACT PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ OWNER E-MAIL ADDRESS \_\_\_\_\_  
 PERMIT ASSOCIATIONS?  NO  YES If yes, list permit number \_\_\_\_\_

**DESCRIPTION OF WORK**

\_\_\_\_\_  
 \_\_\_\_\_

**LICENSED CONTRACTOR**

COMPANY NAME \_\_\_\_\_  
 NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_  
 NAME (QUALIFYING AGENT) \_\_\_\_\_  
 QUALIFYING AGENT SIGNATURE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

**FLORIDA DESIGN PROFESSIONAL**

COMPANY NAME \_\_\_\_\_  
 NAME \_\_\_\_\_ LICENSE # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

TYPE OF IMPROVEMENT		USE	
<input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Alterations and Repairs <input type="checkbox"/> New Building	<input type="checkbox"/> Tenant Build-out <input type="checkbox"/> Repair <input type="checkbox"/> Other: Specify _____	<b>RESIDENTIAL</b> <input type="checkbox"/> Apartments <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominiums <input type="checkbox"/> Duplex <input type="checkbox"/> Garage <input type="checkbox"/> Other: _____	<b>NON-RESIDENTIAL</b> <input type="checkbox"/> Amusement, Recreational <input type="checkbox"/> Convert Residence <input type="checkbox"/> Church, Other Religious <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Hotel, Motel, Dormitory <input type="checkbox"/> Industrial <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Other: Specify _____
<b>NATURE OF WORK</b> <input type="checkbox"/> Repair <input type="checkbox"/> New <input type="checkbox"/> Spec. Build-out		<b># OF UNITS</b> _____ _____ _____	<input type="checkbox"/> Mercantile <input type="checkbox"/> Warehouse <input type="checkbox"/> Utilities <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Marina <input type="checkbox"/> Auto Repair <input type="checkbox"/> School, Library <input type="checkbox"/> Restaurant <input type="checkbox"/> Parking Garage
<b>CONSTRUCTION VALUE OF WORK</b> Fire System Cost \$ _____		<b>FIRE CODE USED</b> _____	

