



BAY COUNTY BUILDERS' SERVICES DIVISION

840 W. 11th Street
Panama City, Florida 32401
Telephone (850) 248-8350 Fax (850) 248-8384

FIRE SAFETY PERMIT FEES

Date: Permit No:
Owner: Owner Phone No:
Job Site Address:
Contractor:
Contractor License No: Contractor Name:
Building Sq. Ft.: No. of Floors:

Table A: Fire Safety Inspection Fees for Commercial Buildings and Structures. Includes rows for standard fire prevention or life safety code inspection for change of occupancy with various area and unit categories.

Table B: Fire Alarms & Annunciator System - Basic Permit Fees. Includes rows for each floor up to 5,000 sq. ft. and each device.

Table C: Fire Suppression System - Basic Permit Fees. Includes rows for piping, fire cabinets, sprinkler heads, fire pump connections, and hood suppression.

Table D: Renovations on commercial building & structures. Includes rows for renovation or repair of fire suppression and fire alarm systems.

Table E: Minimum Permit. Includes rows for buildings under 5,000 sq. ft. and re-inspection fee.

TOTAL FEES

Signature
Revised 9/17

Date



Bay County Fire Services
 700 Hwy 2300
 Southport, FL 32409
 850-248-6040 Fax 850-248-6059

Apply for this Permit at:
 Bay County Builders Services
 840 W. 11th Street
 Panama City, FL 32401
 850-248-8350 FAX 850-248-8384

FIRE SAFETY INSPECTION PERMIT APPLICATION

5th Edition Florida Fire Prevention Code in effect

New Business Existing Business Annual Fire Inspection Change of Occupancy *

Owner Name:	Phone:
Business Name:	Phone:
Address:	

Current Occupancy Class:	
Occupancy Class Changing To:	
Sq. Footage:	Stories in Height:
Describe Use of Space:	
Does the building have a Fire Alarm System?.....	Y N Monitored by Alarm Company?.....
Does the building have an Automatic Fire Sprinkler System?...Y	N Monitored by Alarm Company?.....
Does the building have a Hood Suppression System?.....Y	N Monitored by Alarm Company?.....

Note: All Life Safety equipment and devices installed must have current inspection tags by a licensed Fire Alarm/ Fire Suppression/ Fire Extinguisher contractor. Exit signs and Emergency lights must have working back up battery when testing. Fire Extinguishers should be mounted on hanging bracket and not sitting on floor or shelf and be clearly visible and easily accessible to building occupants.

Fire Safety Inspection Fees for Commercial Buildings and Structures and Change of Occupancy:

1st 3,000 sq. ft	\$ 50.00
Over 3,000 sq. ft. & up to 10,000 sq. ft.....	\$ 75.00
Over 10,000 sq. ft. & up to 50,000 sq. ft.....	\$ 100.00
Over 50,000 sq. ft.....	\$ 200.00
Each additional 1,000 sq. ft. over 50,000 sq. ft or fraction thereof.....	\$ 1.00
Buildings with Fire Alarm System, add per system.....	\$ 25.00
Buildings with Fire Suppression System, add per riser.....	\$ 25.00

*Change of Occupancy may require additional Life Safety features to meet current code requirements outlined in the Florida Fire Prevention Code and the Florida Building Code.

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 inspections. The Building/Fire 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.

 Signature of Business/Property Owner

 Date



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APPLICATION FOR FIRE ALARM PERMIT

NOTE: IF 180 DAYS ELAPSE WITHOUT AN INSPECTION, THIS PERMIT EXPIRES AND WILL HAVE TO BE REPURCHASED

Date: _____ Permit #: _____

Alarm Contractor: _____

License Number: _____ Phone: _____

Job Name: _____

Parcel # (Required) _____ # of Floors _____ Sq. Ft. _____

Address: _____

Type of System: Commercial Fire () Combination Fire/Burg () Addressable () Conventional ()

Control Panel: Make: _____ Model Number: _____

Listing Number: _____ (UL or equal) Job Valuation: \$ _____

Manufacturer, Model and Listing Number of Devices:

Table with 3 columns: Qty, Model, Listing #

Table with 3 columns: Qty, Model, Listing #

Total Number of Devices: _____

Type of Wiring: FPL () FPLR () FPLP () STRANDED THHN/THWN () OTHER () _____

Two sets of plans required. Must have Engineered Stamp/Seal if job cost over \$5,000.

Signature of Contractor or Authorized Agent

Date

For Official Use
Building Permit #:
Plans Attached: () Yes () No



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APPLICATION FOR FIRE SUPPRESSION PERMIT

NOTE: IF 180 DAYS ELAPSE WITHOUT AN INSPECTION, THIS PERMIT EXPIRES AND WILL HAVE TO BE REPURCHASED

Date: _____ Permit # _____

Suppression Contractor: _____

License Number: _____ Phone: _____

Job Name: _____

Parcel # (Required) _____ # of Floors _____ Sq. Ft. _____

Address: _____

Type of System: Wet () Dry () Standpipe () Underground Fire Main () Clean Agent () Hood Suppression () Paint Booth ()

Make of Backflow Prevention: _____ Size _____

Number of Risers _____ Size #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

Main Size: _____ Fire Pump GPM _____ Job Valuation: \$ _____

Manufacturer, Model and Listing Number of Devices:

Table with 3 columns: Qty, Model, Listing #

Table with 3 columns: Qty, Model, Listing #

Total Number of Sprinkler Heads: _____ Total Number of Nozzles _____

Two sets of plans required. Must have Engineered Stamp/Seal if job cost over \$5,000.

Signature of Contractor or Authorized Agent

Date

For Official Use
Building Permit #:
Plans Attached: () Yes () No