



# BAY COUNTY FIRE SERVICES DIVISION

**Form FS01**

700 Hwy 2300 Southport, FL 32409  
 Telephone (850) 248-6040 Fax (850) 248-6059

## FIRE SAFETY PERMIT FEES

This form will help determine cost of a permit for a  **Standard Inspection**,  **Annunciator System**,  **Standard System**,  **Standard System** or the fee to do a  on any of the listed systems.

Bld. Square Footage: \_\_\_\_\_ Number of floors: \_\_\_\_\_

- A) Fire Safety Inspection Fees for Commercial Buildings and Structures:  
 Standard Fire Prevention or Life Safety Code Inspection for Change of Occupancy:
- |  |         |                  |       |
|--|---------|------------------|-------|
| 1 <sup>st</sup> 3,000 sq. ft. & up to 5 residential units..... |         | \$               | _____ |
| Over 3,000 sq. ft. & up to 10,000 sq. ft.....                  |         | \$               | _____ |
| Over 10,000 sq. ft & up to 50,000 sq. ft.....                  |         | \$               | _____ |
| Over 50,000 sq. ft.....  |         | \$               | _____ |
| Each additional 1,000 sq. ft. over 50,000 sq. ft.....          | _____ x | \$               | _____ |
| Buildings with fire alarm system, add per system.....          | _____ x | \$               | _____ |
| Buildings with fire suppression system add per riser.....      | _____ x | \$               | _____ |
|  |         | <b>SUBTOTAL:</b> | _____ |
- B) Fire Alarms & Annunciator System – Basic Permit Fees:
- |  |         |                  |       |
|--|---------|------------------|-------|
| Each floor up to 5,000 sq. ft (each).....                                | _____ x | \$               | _____ |
| Over 5,000 sq. ft., per 1,000 sq. ft. additional or fraction thereof.... | _____ x | \$               | _____ |
| Each device.....   | _____ x | \$               | _____ |
|  |         | <b>SUBTOTAL:</b> | _____ |
- C) Fire Suppression System – Basic Permit Fees:
- |   |         |                  |       |
|---|---------|------------------|-------|
| Piping, each floor up to 5,000 sq. ft. (each).....                    | _____ x | \$               | _____ |
| Over 5,000 sq. ft. per 1,000 additional sq. ft. or fraction thereof.. | _____ x | \$               | _____ |
| Fire Cabinets (each).....   | _____ x | \$               | _____ |
| Sprinkler heads (each).....   | _____ x | \$               | _____ |
| Fire pump connections.(FDC).....                                      | _____ x | \$               | _____ |
| Garbage or laundry chutes, per floor.....                             | _____ x | \$               | _____ |
| Hood Suppression.....   | _____ x | \$               | _____ |
|   |         | <b>SUBTOTAL:</b> | _____ |
- D) Renovations on commercial building & structures:  
 Renovation or Repair – Fire Suppression System:
- |   |         |                  |       |
|---|---------|------------------|-------|
| Up to \$5,000 estimated cost, 6 heads or more.....                                  |         | \$               | _____ |
| Over \$5,000 estimated cost, per additional \$1,000.....                            | _____ x | \$               | _____ |
| Renovation or Repair – Fire Alarm, Fire or Smoke Detection and Annunciator Systems: |         |                  |       |
| Up to \$5,000 estimated cost, 6 devices or more.....                                |         | \$               | _____ |
| Over \$5,000 estimated cost, per additional \$1,000.....                            | _____ x | \$               | _____ |
|   |         | <b>SUBTOTAL:</b> | _____ |
- E) Minimum Permit:  
 For buildings under 5,000 sq. ft. & for repair or addition to sprinkler system up to 5 heads or devices.....
- |                        |  |    |       |
|------------------------|--|----|-------|
|                        |  | \$ | _____ |
| Re-Inspection Fee..... |  | \$ | _____ |

**TOTAL FEES** \_\_\_\_\_



BAY COUNTY FIRE SAFETY INSPECTION PERMIT APPLICATION

700 Hwy 2300 Southport, FL 32409
Telephone 850-248-6040 Fax 850-248-6059

Form FS02

Revised 03/19

FIRE SAFETY INSPECTION PERMIT APPLICATION
6th 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?
Does the building have an Automatic Fire Sprinkler System?
Does the building have a Hood Suppression System?

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:

Table with 2 columns: Description of fee category and Amount. Includes rows for sq. ft. ranges and system fees.

\*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.

Apply for this Permit at:

Bay County Builders Services
840 W. 11th Street
Panama City, FL 32401
850-248-8350 FAX 850-248-8384

Signature of Business/Property Owner

Date



# BAY COUNTY FIRE SERVICES DIVISION

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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 Mfg: \_\_\_\_\_ Model Number: \_\_\_\_\_

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

Manufacturer, Model and Listing Number of Devices:

□ □ □	□ □ □ □ □	L □ □ □ □ □ □ □

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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**Form FS04**

## 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: 13    13R    13D  
Wet    Dry    Standpipe    Clean Agent    Hood Suppression    Paint Booth    Underground Fire Main

Make of Backflow Prevention: \_\_\_\_\_ Main Size: \_\_\_\_\_

Number of Risers \_\_\_\_\_ Size #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

Fire Pump GPM \_\_\_\_\_ Electric    Diesel    Job Valuation: \$ \_\_\_\_\_

Manufacturer, Model and Listing Number of Sprinkler Heads:

Hood System Type:  
UL 300    Other

<input type="checkbox"/>	Mfg/□ □□□□	L □□□□□ □

<input type="checkbox"/>	Mfg/□ □□□□	L □□□□□ □

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