

**TOWN OF LONGBOAT KEY  
FIRE MARSHAL'S OFFICE  
FIRE PREVENTION PERMIT APPLICATION**

Fire Marshal's Telephone No. 941-316-1944

**Application processed at:**

501 Bay Isles Road  
Longboat Key, FL 34228  
Phone: 941-316-1966 FAX: 941-316-1970

OFFICE USE ONLY

Applic #: \_\_\_\_\_ PERMIT # FP: \_\_\_\_\_

Appvd By: \_\_\_\_\_ Date: \_\_\_\_\_

Fees Due: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_ Issued: \_\_\_\_\_

COMPLETE APPLICATION IN INK OR TYPE

REVIEWED UNDER FLORIDA FIRE PREVENTION CODE 5<sup>TH</sup> EDITION

**JOB SITE**

PROJECT/COMPLEX NAME (IF ANY): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ UNIT #: \_\_\_\_\_

COUNTY:  MANATEE  SARASOTA LOT (S) #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

**WORK DESCRIPTION**

- Fire Alarm Control Panel  New Installation  Replace Existing (Reviewed under NFPA 72)
- Fire Backflow Assembly  New Installation  Replace Existing
- Fire Main  New Installation  Replace Existing
- Fire Pump  New Installation  Replace Existing (Reviewed under NFPA 20)
- Fire Sprinkler System  New  Alteration (Reviewed Under NFPA 13)
- Fuel Storage Tank  Aboveground  Belowground  Type of Fuel \_\_\_\_\_
- Fire Suppression System  Hood System  Halon  Other Type \_\_\_\_\_
- Smoke Alarm Installation Type:  Photoelectric  Ionization  Combination
- Smoke Evacuation System  Number of Stories \_\_\_\_\_
- Standpipe  New Installation  Replace Existing
- Other (Description of Work) \_\_\_\_\_

**FIRE PREVENTION PERMIT APPLICANT**

NOTE: Registered Contractor must be licensed in the county project is located

LICENSES: STATE #: \_\_\_\_\_ MANATEE CO: \_\_\_\_\_ SARASOTA CO: \_\_\_\_\_

APPLICANT/QUALIFIER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BONDING COMPANY: \_\_\_\_\_

BONDING COMPANY ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PROPERTY OWNER (required)**

NAME AS ON PROPERTY RECORD: \_\_\_\_\_ PHONE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

STREET: \_\_\_\_\_ OTHER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Fee Simple Titleholder's Name & Address: \_\_\_\_\_

(If other than Property Owner): \_\_\_\_\_

Mortgage Lender's Name & Address: \_\_\_\_\_