

**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

PERMIT #: _____

Fees Due: \$ _____

Receipt #: _____

COMPLETE APPLICATION IN INK OR TYPE

REVIEWED UNDER FLORIDA FIRE PREVENTION CODE 5TH 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: _____