



BAY COUNTY FIRE SERVICES DIVISION

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

Form FS01

Revised 10/19

FIRE SAFETY PERMIT FEES

This form will help determine cost of a permit for a **Fire Safety Inspection, Fire Alarm System, Fire Suppression System, Hood Suppression System** or the fee to do a **renovation** 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 st 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	\$	_____

SUBTOTAL: _____

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	\$	_____

SUBTOTAL: _____

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	\$	_____
Nozzles (each).....		\$1.00	_____

SUBTOTAL: _____

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	\$	_____

SUBTOTAL: _____

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.....		\$	_____

REVIEW FEE IS HALF OF PERMIT FEE

TOTAL FEES _____



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FIRE SAFETY INSPECTION PERMIT APPLICATION

6th Edition Florida Fire Prevention Code in effect

Form FS02

Revised 02/20

- checkbox New Business checkbox Existing Business checkbox Annual Fire Inspection checkbox Change of Occupancy *

Owner Name: Phone
Business Name: Phone
Address:
Email:
Current Occupancy Class:
Occupancy Class Changing To:
Sq. Footage: Stories in Height: Tent over 900 sq. ft.
Describe Use of Space:
Does the building have a Fire Alarm System? Y N Monitored by Alarm Company? Y N
Does the building have an Automatic Fire Sprinkler System? Y N Monitored by Alarm Company? Y N
Does the building have a Hood Suppression System? Y N Monitored by Alarm Company? Y N

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. Address posted on building with 6" numbers.

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

Table with 2 columns: Description of occupancy/inspection type and Fee amount. Includes rows for 1st 3,000 sq. ft., 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. or fraction thereof, Buildings with Fire Alarm System, add per system, Buildings with Fire Suppression System, add per riser.

*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

700 HWY 2300 Southport, Florida 32409
Telephone (850)248-6040 Fax (850)248-6059

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: _____ Email: _____

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:

Qty	Model	Listing #

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

Revised 02/20

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: _____ Email: _____

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

Qty	Mfg/Model	Listing #

Qty	Mfg/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