



BAY COUNTY FIRE & LIFE SAFETY INSPECTION BUREAU

2913 Thomas Drive, Panama City Beach, FL 32408
Telephone (850)248-5130 FAX: (850) 236-3232

Form FS01
Revised 05/24

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 apartment 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:
- | | | | |
|--|-------|------|-------|
| 1st \$1,000 of job cost or fraction thereof | _____ | x \$ | _____ |
| Each \$1,000 of job cost or fraction thereof over 1st \$1,000..... | _____ | x \$ | _____ |
| Each device..... | _____ | x \$ | _____ |

SUBTOTAL: _____

- C) Fire Suppression System, Hood Suppression – Basic Permit Fees:
- | | | | |
|--|-------|------|-------|
| Piping, 1st \$1,000 of job cost or fraction thereof..... | _____ | x \$ | _____ |
| Each \$1,000 of job cost or fraction thereof over 1st \$1,000..... | _____ | x \$ | _____ |
| Sprinkler heads (each)..... | _____ | x \$ | _____ |
| Nozzles for Hood (each)..... | _____ | x \$ | _____ |
| Fire Department Connection (FDC)..... | _____ | x \$ | _____ |

SUBTOTAL: _____

- D) Renovations on commercial building & structures:
- Renovation or Repair – Fire Suppression System:
- | | | | |
|--|-------|------|-------|
| 1st \$1,000 of job cost or fraction thereof..... | | \$ | _____ |
| Each \$1,000 of job cost or fraction thereof over 1st \$1,000..... | _____ | x \$ | _____ |
- Renovation or Repair – Fire Alarm, Fire or Smoke Detection and Annunciator Systems:
- | | | | |
|---|-------|------|-------|
| 1st \$1,000 of job cost or fraction thereof..... | | \$ | _____ |
| Each \$1,000 of job cost or fration thereof over 1st \$1,000..... | _____ | x \$ | _____ |

SUBTOTAL: _____

- E) Minimum Permit:
- | | | | |
|--|--|----|-------|
| For any permitted Fire Safety (equipment) related inspections or certification and witness of testing..... | | \$ | _____ |
| Re-Inspection Fee..... | | \$ | _____ |

REVIEW FEE IS HALF OF PERMIT FEE

TOTAL FEES _____
(ADD 1/2 FOR REVIEW)



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Form FS02

Revised 05/24

FIRE SAFETY INSPECTION PERMIT APPLICATION

8th Edition Florida Fire Prevention Code in effect

New Business

Existing Business

Annual Fire Inspection

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 Square Feet
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.

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

1st 3,000 sq. ft	\$ 75.00
Over 3,000 sq. ft. & up to 10,000 sq. ft.....	\$ 90.00
Over 10,000 sq. ft. & up to 50,000 sq. ft.....	\$ 125.00
Over 50,000 sq. ft.....	\$ 170.00
Each additional 1,000 sq. ft. over 50,000 sq. ft or fraction thereof.....	\$ 2.00
Buildings with Fire Alarm System, add per system.....	\$ 25.00
Buildings with Fire Suppression System, add per riser.....	\$ 25.00
Buildings with a Hood Suppression System.....	\$ 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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Form FS03
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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: _____

Email: _____

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:

Qty	Model	Listing #

Qty	Model	Listing #

Total Number of Devices: _____

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

One set 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

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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: _____ Phone: _____

License Number: _____ Email: _____

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

Qty	Mfg/Model	Listing #

Qty	Mfg/Model	Listing #

Total Number of Sprinkler Heads: _____

Total Number of Nozzles _____

One set 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