



BAY COUNTY BUILDERS' SERVICES DIVISION
840 W. 11th Street
Panama City, Florida 32401
Telephone (850) 248-8350 Fax (850) 248-8384

FIRE SAFETY PERMIT FEES

Date: Permit No:
Owner: Owner Phone No:
Job Site Address:
Contractor:
Contractor License No: Contractor Name:
Building Sq. Ft.: No. of Floors:

Table A: Fire Safety Inspection Fees for Commercial Buildings and Structures. Includes rows for standard fire prevention or life safety code inspection for change of occupancy with various area and unit categories.

Table B: Fire Alarms & Annunciator System - Basic Permit Fees. Includes rows for each floor up to 5,000 sq. ft. and each device.

Table C: Fire Suppression System - Basic Permit Fees. Includes rows for piping, fire cabinets, sprinkler heads, fire pump connections, and hood suppression.

Table D: Renovations on commercial building & structures. Includes rows for renovation or repair of fire suppression and fire alarm systems.

Table E: Minimum Permit. Includes rows for buildings under 5,000 sq. ft. and re-inspection fee.

TOTAL FEES

Signature
Revised 9/17

Date



Bay County Fire Services  
 700 Hwy 2300  
 Southport, FL 32409  
 850-248-6040 Fax 850-248-6059

**Apply for this Permit at:**  
 Bay County Builders Services  
 840 W. 11th Street  
 Panama City, FL 32401  
 850-248-8350 FAX 850-248-8384

## 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?.....	Y   N   Monitored by Alarm Company?.....
Does the building have an Automatic Fire Sprinkler System?...Y	N   Monitored by Alarm Company?.....
Does the building have a Hood Suppression System?.....Y	N   Monitored by Alarm Company?.....

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 .....	\$	50.00
Over 3,000 sq. ft. & up to 10,000 sq. ft.....	\$	75.00
Over 10,000 sq. ft. & up to 50,000 sq. ft.....	\$	100.00
Over 50,000 sq. ft.....	\$	200.00
Each additional 1,000 sq. ft. over 50,000 sq. ft or fraction thereof.....	\$	1.00
Buildings with Fire Alarm System, add per system.....	\$	25.00
Buildings with Fire Suppression System, add per riser.....	\$	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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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:

Table with 3 columns: Qty, Model, Listing #

Table with 3 columns: 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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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 ( )

Table with 3 columns: Qty, Mfg/Model, Listing #

Table with 3 columns: 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