



# Santa Rosa County Life Safety/Fire Prevention Department

Santa Rosa County Public Service Center  
6051 Old Bagdad Highway, Room 202  
Milton, Florida 32583

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Fire Inspector/ Plans Examiner  
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Fire Inspector

## Fire Suppression other than Sprinkler Permit Application

**\*\*Attention:** If your job is located within the city limits of Milton or in the Midway Fire Protection District, please do not fill out this application. You will need to contact the City of Milton Fire Department or Midway Fire Protection District \*\*

**\*\*Please submit two complete sets of system specifications including details of equipment, equipment layout, location of remote pull station and nozzle placement\*\***

Date \_\_\_\_\_

L/S Permit # \_\_\_\_\_

Bldg. Permit # \_\_\_\_\_

**Office Use Only**

Project Name: \_\_\_\_\_

Project Physical Address: \_\_\_\_\_

### Occupancy Classification: *(Please specify as referenced in the Life Safety Code)*

- |  |   |   |
|--|---|---|
| <input type="radio"/> Assembly               | <input type="radio"/> Apartments              | <input type="radio"/> Business                    |
| <input type="radio"/> Educational            | <input type="radio"/> Lodging/Rooming Houses  | <input type="radio"/> Industrial                  |
| <input type="radio"/> Health-Care Facility   | <input type="radio"/> One/Two Family Dwelling | <input type="radio"/> Storage                     |
| <input type="radio"/> Detention/Correctional | <input type="radio"/> Residential Board/Care  | <input type="radio"/> Special Structure/High-Rise |
| <input type="radio"/> Hotels/Dormitories     | <input type="radio"/> Mercantile              | <input type="radio"/> Other _____                 |

### Type of Building:

- |  |   |  |
|--|---|--|
| <input type="radio"/> New Construction | <input type="radio"/> Existing Building | <input type="radio"/> Upgrade/Change-Out |
|--|---|--|

### Type of Work:

- |   |   |   |
|---|---|---|
| <input type="radio"/> Hood Suppression Installation | <input type="radio"/> Paint Booth Suppression | <input type="radio"/> Hazardous Storage |
|---|---|---|

Description of work to be done: \_\_\_\_\_

Type of system to be installed: \_\_\_\_\_

### List all sub-contractors working under this permit:

| Contractor Name | Address | Phone Number |
|-----------------|---------|--------------|
|-----------------|---------|--------------|

\_\_\_\_\_

\_\_\_\_\_

**Notice to Applicant:** Prior to issuance of a permit, we must have on file a current copy of the following:  
(1) state license, (2) occupational license (3) liability insurance (4) and workman's compensation.

**Sequence of inspections:**  
(1) Acceptance Test

**All inspections must be called in and scheduled with the Life Safety/ Fire Prevention Department 24 hours in advance.**

Contractor: \_\_\_\_\_

Contractor State Registration Number: \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

Contractor's Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Applying

\_\_\_\_\_  
Printed Name of Applicant