

**SAINT LUCIE COUNTY FIRE DISTRICT
 FIRE SAFETY PERMIT APPLICATION
 5160 N.W. Milner Drive
 Port Saint Lucie, FL 34983
 Telephone: 772-621-3322
 Fax: 772-621-3604
 Web Address: www.slcfcd.com**

Make fees payable to: Saint Lucie County Fire District

Type of Request:

<input type="checkbox"/> Plan Review	<input type="checkbox"/> Permit Renewal	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fixed Fire Protection	<input type="checkbox"/> Tent/s
<input type="checkbox"/> Fuel Storage/Disposal	<input type="checkbox"/> LP Storage/Disposal	<input type="checkbox"/> Fireworks Display	<input type="checkbox"/> Fireworks Sale	<input type="checkbox"/> Other	

Project Name

Address **City**

Owner

Address

City **State** **Zip**

Telephone **Fax:**

Contractor

Qualifier

Address

City **State** **Zip**

Telephone **Fax:**

State License **Compliance Engine ID**

Contractor Affidavit: Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of said permit. In the consideration of granting this requested permit, I do hereby agree that I/we will, in all respects, perform the work and installation in accordance with the approved plans, the applicable, Florida Fire Prevention Code, Saint Lucie County Fire District Resolution, Florida Building Code, and the N.F.P.A Codes. A plan revision after the issuance of the permit is subject to approval by the Saint Lucie County Fire District. All work and installation as indicated is subject to field inspection, compliance modification, and approval by the Saint Lucie County Fire District.

Value per Square Foot **Square Feet** **Value of Project**

Signature **Date**

THE FLORIDA FIRE PREVENTION CODE, 2012 EDITION IS CURRENTLY ENFORCED.

Scope of Work