



St. Lucie County Fire District  
Community Risk Reduction Division  
Office of the Fire Marshal  
5160 NW Milner Drive  
Port St. Lucie, FL 34983  
(772) 621-3322

All plans for Residential Board and Care Occupancies (group homes, nursing homes, assisted living facilities, adult family care homes etc...) shall be submitted for building department review prior to fire plan review. The Fire District plan review fee is \$145, which includes the final inspection).

Job Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Building Department Permit Number: \_\_\_\_\_

- St. Lucie County Fire District Application
- Completed State of Florida Application (COPY)
- Electronic Set of Plans to include a detailed life safety plan
- Affidavit Completed

ST. LUCIE COUNTY FIRE DISTRICT  
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5160 NW Milner Drive Port St Lucie, FL 34983  
772-621-3322

AFFIDAVIT

I, \_\_\_\_\_, the owner/operator of the Residential Board and Care Occupancy located at \_\_\_\_\_ do hereby affirm that I will operate said facility with no more than \_\_\_\_ occupants and that the occupants will have the ability as a group, to move reliably to a point of safety within 3 minutes.

I have been informed of the requirements for the installation of an automatic sprinkler system by the St. Lucie County Fire District and understand that an automatic sprinkler system must be installed in accordance with the current Florida Building Code/Florida Fire Prevention Code requirements, as well as Florida State Statute Chapter 633.

I further understand that if, at any time in the future, the number of occupants or evacuation capability of my facility exceeds the number or time limit specified, the AHJ shall be notified of said changes, and an additional review of the occupancy may be required.

Owner/Operator \_\_\_\_\_

State of Florida County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, affirmed and subscribed before me by \_\_\_\_\_

- who is personally known to me
- who produced as identification \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

**Notary Printed Name or Stamp**

**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: Plan Review

<b>Project</b>			
<b>Address</b>		<b>City</b>	
		<b>Zip</b>	
<b>Property Owner</b>			
<b>Address</b>			
<b>City</b>		<b>State</b>	
		<b>Zip</b>	
<b>Telephone</b>		<b>Email</b>	

<b>Scope of Work</b>	<p><b>CHANGE OF USE FROM SINGLE-FAMILY DWELLING TO RESIDENTIAL BOARD AND CARE.</b></p> <p><b>FOR LIFE SAFETY REQUIREMENTS, REFER TO CURRENTLY ADOPTED FLORIDA STATE STATUTES, FLORIDA ADMINISTRATION CODE, FLORIDA BUILDING CODE, FLORIDA FIRE PREVENTION CODE AND SLCFD LOCAL AMENDMENT TO FLORIDA FIRE PREVENTION CODE.</b></p> <p><b>THE CURRENTLY ADOPTED FLORIDA FIRE PREVENTION CODE AND ST. LUCIE COUNTY FIRE DISTRICT FIRE PREVENTION CODE AND FEE SCHEDULE ARE ENFORCED.</b></p>
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**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.

<b>Signature</b>		<b>Date</b>	
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