



444 APPELYARD DRIVE, TALLAHASSEE, FLORIDA 32304 - FACILITIES (FAC) BUILDING NO. 54 - (850) 201-8750

APPLICATION NO.:

FIRE ALARM PERMIT APPLICATION

JOB SITE INFORMATION:

_____		_____	_____
Address		Zip	Unit/Space/Floor <i>if applicable</i>
_____		_____	
Site/Building		Project Lead	
The system is:	New	Addition to an existing system	Alteration to an existing system

DESCRIPTION/SCOPE OF WORK:

Two (2) copies of complete fire alarm documents that include:

- To-scale floor plans with every room/space use labeled
- Description of system, sequence of operations matrix, cut-sheets of equipment and battery calcs
- Drawings shall bear the signature & identification number of a Florida Certified Alarm System Designer or the seal of the Florida Registered Architect or Engineer who designed the system per the Florida Building Code.

One (1) separate set of drawings as described above when Construction Services Department review are required.

PROPERTY OWNER OF RECORD:

_____		_____	
Name		Street Address	City, State, Zip
_____		_____	
Telephone Number	Extension	E-Mail Address	

CONTRACTOR:

_____		_____	
State of Florida Contractor's License number.		Company Name	
_____		_____	
State of Florida Certified Installer Registration No.		Certified Installer Name	
_____		_____	
Telephone Number	Extension	E-Mail Address of Project Manager	

PLEASE NOTE: Incomplete or Inaccurate information will result in the rejection of this submittal. Fire alarm inspections require the Construction Services Department Inspection Request form to be completed and submitted to Facilities@tsc.fl.edu a minimum of 24 hours prior to scheduling inspection .

ba 04/24