



Jackson County Building Department  
 4487 Lafayette St.  
 Marianna, FL 32448  
 850-482-9802, Fax 850-718-0029  
[permitting@earthlink.net](mailto:permitting@earthlink.net)

THIS SECTION FOR OFFICE USE ONLY	
Permit #:	_____
Master Permit #:	_____
Date:	_____
Accepted by:	_____

**FIRE SUPPRESSION PERMIT APPLICATION**  
**RESIDENTIAL OR COMMERCIAL**  
 Charles Sawyer, Jackson County Fire Marshall 850-482-1256

**Owner Information:**

Owner Name: \_\_\_\_\_

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

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

Owner Phone #: \_\_\_\_\_

Driving Directions: \_\_\_\_\_

**Project Information:**

Residential       Commercial

**Is this project for:**     New Construction     Addition     Repair/Replace     Alteration

**Brief description of work to be done:** \_\_\_\_\_

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**Please check all that apply**

Wet System     Dry System     Pre-action System     Stand Pipe

Spray Both / Hood     Deluge System     Anti-freeze System     Fire Pump

Cooking Hood     Other: \_\_\_\_\_

**Number of heads installed:** \_\_\_\_\_

**Valuation of Job \$** \_\_\_\_\_

**Square footage of Building:** \_\_\_\_\_

**Contractor Information:**

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

Company Name: \_\_\_\_\_

Florida State License # \_\_\_\_\_      County Comp Card # \_\_\_\_\_

Fl Statute, 713.135 (7)

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNANCES, BOILERS, HEATERS, TANKS, AND AIR CONDITIONERS, etc ...

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 Official may revoke this permit or remove service, in case there has been any false statement or misrepresentation as to the material fact in the application or plans, which this permit was based.**

\_\_\_\_\_  
 SIGNATURE OF OWNER / AGENT / CONTRACTOR

\_\_\_\_\_  
 DATE

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STATE OF FLORIDA  
COUNTY OF JACKSON

The foregoing instrument was acknowledged before me this \_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_  
as identification, and who did not take an oath.

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**Notary Public**

(affix stamp)