



# Fire Marshal Permit FIRE ALARM SYSTEM

3657 Gaines Rd - St. Augustine, FL 32084  
Phone: 940-209-1740 Fax 904-209-1754

*Please provide 2 copies of Alarm Plans and Submittal Sheets and submit to 4040 Lewis Speedway*

Project Name _____	Building Permit # _____	Escrow # _____
911 Address _____		
Contact _____	Phone _____	Cell _____ Fax _____
Alarm Contractor _____	Phone _____	Cell _____ Fax _____
<b>VALUE OF JOB \$</b> _____	LICENSE: State # _____	County _____
Name _____	Signature / Date _____	

*Provide a copy of the contract and show cost of contract. Contracts over \$5,000.00 must bear a seal of Florida Registered Engineer on the plans. If this has not been submitted with the building plans, then it will be required with shop plans. (See FBC 104.4.1.3(5))*

1. **Fire Alarm** fee covers the review of plans and the final function test.
2. **If Minor Revision after approval, no charge. If Major Revision, \$68.00 first hour.**
3. *Additional* after hours & weekend inspections will have a **\$153.00** minimum, paid in advanced. After two hours on-site, **\$54.00/hr.** will apply.
4. ***Re-inspection for unprepared sites will be \$55.00 for the first inspection and \$112.00 for each additional inspection.***

Enter total number of fire alarm initiating devices and notification devices:	<input style="width: 90%;" type="text"/>
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**FEE CALCULATION:**

Type of Equipment	Devices	# of Devices	Min Fee	Total Fee
Fire Alarm Control Panel	Up to 10	<input style="width: 90%;" type="text"/>	\$54.00	<input style="width: 90%;" type="text"/>
FACP & more than 10 devices	Add	<input style="width: 90%;" type="text"/>	\$1.50/device	<input style="width: 90%;" type="text"/>

**Fee for Building Dept. Clerical Processing (separate from Fire Dept.) \$25.00**

**OFFICIAL USE ONLY**

APPROVED _____	REJECTED _____	Total # Devices Verified _____	FR Fee _____	FHID _____
				OT # _____
Signature of Fire Department Representative / Date _____				(Revised 07/11)