

Application for Permit

0881



Mail or bring application and check or money order
 made payable to "Volusia County Fire Rescue".

Business Information

Business Name:			
Address:		Suite/Bldg #:	
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
Occupancy Type:		Number of Floors:	

Owner Information

Owner(s) Name:			
Address:		Suite/Bldg #:	
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	

Contractor Information

Name:			
Address:		Suite/Bldg #:	
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	

Fees

Permit Fee:	\$
\$25 fee for applications submitted less than 48 hrs. in advance of date permit is needed:	\$
Other:	\$
Total:	\$

****FEES PAID WITH THIS APPLICATION ARE NON-REFUNDABLE****

Description of Work

Description:

For Fire Service Use Only (Do Not Fill Out):

Permit issued and approved for:			
Date:	Approved by:	Disapproved by:	
Assigned to:	Plans/Specs Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Remarks/Conditions:	Plans Submitted:	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Specifications Submitted:	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
	Number Submitted:	Plans:	Specs:
	Return Approved:	Plans:	Specs:

DATE/TIME RECEIVED	Issuance of this permit shall not be held to constitute approval to violate any provisions of the FLORIDA FIRE PREVENTION CODE or any other local ordinance under the direction of VOLUSIA COUNTY FIRE RESCUE. I hereby acknowledge that I have read this application and state that the above statements, submitted plans and/or specifications are true and correct and I agree to comply with all applicable provisions of all local ordinances, codes, and regulations pertaining to this permit, if same are granted.
	_____ <i>Signature of Owner, Agent, or Contractor</i>