



INDIAN RIVER COUNTY FIRE PREVENTION PERMIT APPLICATION



APPLICANT INFORMATION

| | |
|---|--|
| Project: _____ Address: _____ Street City State Zip Contractor: _____ Address: _____ Street City State Zip Contact #'s: _____ Office Cell Fax Email: _____ <p style="text-align: center;">★ For job valuations exceeding \$2,500 a Notice of Commencement is required prior to 1st inspection</p> | Who will receive comments? Name: _____ Address: _____ Street City State Zip Contact #'s: _____ Office Cell Fax Email: _____ Parcel #: _____ Address Reference #: _____ Job Value \$ _____ Certificate # _____ <p style="text-align: center;">★ Fees are due at time of application.</p> |
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| CHECK BOX | 1. SITE PLAN REVIEW |
|------------------|----------------------------|

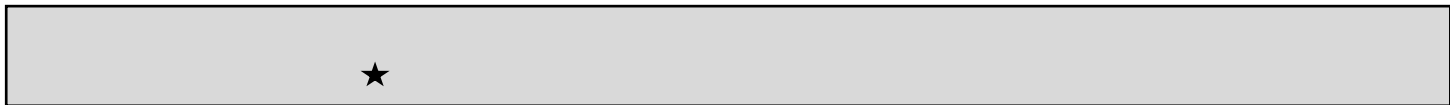
| ↓ | SITE DESCRIPTION | = COMMUNITY DEV. CODES | FEE | TOTAL |
|---|---|------------------------|--------------|-------|
| | Less than 5 Units up to a maximum of 5000 square feet | = SPMN,SPAD,AOE | \$75 | |
| | 5-50 Units OR 5,000 to 50,000 square feet | = SPMJ,SPSE,AOE | \$250 | |
| | More than 50 Units or more than 50,000 square feet | = SPMJ,SPSE | \$400 | |
| | Planned Development (PD) less than 50 units | = SPSE, PRDP,PLTP | \$400 | |
| | Planned Development (PD) more than 50 units | = SPSE,RDP,LTP | \$1,200 | |
| | Administrative Approval (AA) | = SPAD,ROWA,TUP | \$50 | |
| | DRI | | \$1,500 | |
| | FOR PRE APPLICATION ONLY There is no charge for Pre-Application. | | TOTAL | |

| | |
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| FILL IN 2. CONSTRUCTION PLAN REVIEW | FILL IN 3. CHANGE OF OCCUPANCY No Construction |
|--|---|

| ↓ | Do not use \$ or separator comma when inputting value. | FORMULA | FEE (MIN \$100) | ↓ | Do not use \$ or separator comma when inputting value. | FORMULA | FEE (MIN \$100) |
|---|--|---------|-----------------|---|--|---------|-----------------|
| | Valuation from Permit | | TOTAL | | Square Footage | | TOTAL |

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| CHECK BOX | 4. FIRE SUPPRESSION AND ALARM SYSTEMS PLAN REVIEW |
|------------------|--|

| ↓ | (\$50 Minimum) Formula = \$50.00 1st \$1,000 +\$4 per each additional \$1,000 | VALUE | \$50 | 4/\$1000 | TOTAL |
|---|---|--|------|--------------|-------|
| | REVIEW TYPE | Do not use \$ or separator comma when inputting value. | | | |
| | Sprinkler Underground Systems | | | | |
| | Pre-engineered Fire Extinguisher Systems | | | | |
| | Fire Alarm Systems | | | | |
| | Standpipe Systems | | | | |
| | Sprinkler Systems | | | | |
| | | | | TOTAL | |



| ↓ DESCRIPTION | FEE | TOTAL |
|---|-----|-------|
| Flammable & Combustible Gas Storage Tank with Piping: TOTAL #OF TANKS | | |
| Air curtain 1 to 3 Acres - <i>Applicant must fill out separate application.</i> | | |
| Air curtain 3 to 9 Acres - <i>Applicant must fill out separate application.</i> | | |
| Air curtain 19+ Acres - <i>Applicant must fill out separate application.</i> | | |

CHECK BOX 6. HYDRANT FLOW TEST

| ↓ DESCRIPTION | FEE | TOTAL |
|---|-----|-------|
| Fire Hydrant Flow Test (up to two hydrants) | | |
| Dry Hydrant Test | | |

If you have any questions or concerns please do not hesitate to contact:
IRC FIRE PREVENTION MAIN OFFICE: (772) 226-1880

PAYMENT INFORMATION AND AFFIDAVIT

Amount Due

All Fees Payable* to: **IRC FIRE RESCUE**
1801 27TH STREET
VERO BEACH, FL 32960

*Fee payment types accepted include Cash, Check, Money Order, Debit and Credit Card.

 Signature of Contractor/License Holder

The foregoing instrument was acknowledged before me
 this ____ day of _____, 20__ by

 (Name of Person Acknowledging)

 (Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ OR Produced Identification ____
 Type of Identification Produced _____

 Signature of Owner/Agent/Lessee

The foregoing instrument was acknowledged before me
 this ____ day of _____, 20__ by

 (Name of Person Acknowledging)

 (Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ____ OR Produced Identification ____
 Type of Identification Produced _____