

CITY OF PINELLAS PARK
BUILDING DEVELOPMENT DIVISION

Phone: 727-369-5647 Email: buildingdevelopment@pinellas-park.com



FIRE/LIFE SAFETY APPLICATION

PROJECT ADDRESS _____ PERMIT # _____

PROPERTY OWNER _____ PHONE # () _____ - _____

ADDRESS _____ CITY _____ ZIP _____

COMPANY _____ LICENSE # _____

ADDRESS _____ CITY _____ ZIP _____

QUALIFIER _____ PHONE () _____ - _____

EMAIL _____

ARCHITECT / ENGINEER _____ PHONE () _____ - _____

ADDRESS _____ CITY _____ ZIP _____

CHECK APPLICABLE

___ SPRINKLER SYSTEM _____ FIRE EXTINGUISHING SYSTEM

___ RESTAURANT HOOD _____ SPRAY SYSTEM

___ UNDERGROUND TANK _____ ALARM SYSTEM (Fire or Burglar)

___ IS A FIRELINE TAP REQUIRED? IF YES, AN ENGINEERING APPLICATION IS REQUIRED

DESCRIPTION OF WORK TO BE PERMITTED _____

SQUARE FOOTAGE OF PROJECT _____ VALUATION OF PROJECT \$ _____

IT IS UNDERSTOOD THAT AS PRESCRIBED BY ARTICLE 9 OF THE CITY OF PINELLAS PARK LAND DEVELOPMENT CODE THAT NO LAND, BUILDING ERECTED, OR STRUCTURES ALTERED MAY BE OCCUPIED OR USED UNTIL SUCH TIME AS A CERTIFICATE OF OCCUPANCY / COMPLETION HAS BEEN ISSUED BY THE BUILDING DEVELOPMENT DIVISION.

SIGNATURE _____ DATE _____

REVIEW FEE \$ _____

<i>Is this a Medical Related Business:</i> _____ <u>Yes/No</u> <i>If Yes, What?</i> _____
--