



**ONE TEAM,
ONE GOAL,
ONE MISSION**

Revised February 2014

Application for a Fire Sprinkler

Development Services

6051 Old Bagdad Highway, Suite 202

Milton, FL 32583

Phone: 850-981-7000

www.santarosa.fl.gov

Division of Community Planning, Zoning and Development

Fax: 850-983-9874

Building Inspection and Code Compliance

Fax: 850-623-1208



If your job is located within the city limits of Milton, Holley-Navarre Fire District or Midway Fire District, please do not fill out this application. Please contact the appropriate jurisdiction.

City of Milton: 850-983-5430

Holley-Navarre Fire District: 850-939-5236

Midway Fire District: 850-932-4771

If this is a project for the Santa Rosa County School Board, please contact Tim Tolbert at 850-417-3955.

Submission Requirements:

Please submit two complete sets of system specifications including details of equipment, equipment layout, location of remote pull station and nozzle placement.

Fire Sprinkler Sequence of inspections:

- (1) Rough-in inspection of pipe and heads
- (2) Pressure test (**INSPECTOR MUST WITNESSED PRESSURE-UP OF SYSTEM AND DURATION TEST**)
- (2) Final test and certification inspection.

Property Information

Property Owner: _____

Job Address: _____

Parcel Number: _____

City: _____ Zip: _____

Owner Phone Number: _____

Owner E-mail: _____

Mailing Address for Property Owner: _____

City: _____ State: _____ Zip: _____

Driving Directions to Site From Public Service Complex (6051 Old Bagdad Hwy, Milton):

Job Information

New or Existing

Repair Alteration Addition

New System

Existing Upgrade/Change Out

Cost of Construction:

\$ _____

Project #: _____

_____ Number of Stories

Type of Fire Sprinkler 13 13R 13D Special Hazard

_____ Square Footage

Type of Suppression: _____

_____ Number of Heads

Will there be a Fire Pump? Yes No
(If yes, see pump application)

Who will install the underground fire main? _____

If this is a change-out please give a brief description of work to be done: _____

FIRE SPRINKLER

Contractor

Applicant: _____

License #: _____

Company Name: _____

Mailing Address: _____

Phone #: _____

City: _____ State: _____

Fax #: _____

Zip: _____

Email Address: _____

Signature of Qualifier: _____

By signing you acknowledge the Conditions and Limitations on the reverse side.

If you are an owner who would like to pull your own permit please fill out the Owner/Building Disclosure form.

For Office Use

Permit # _____

Application #: _____

Issued Date: _____

Zoning Classification: _____

Accepted By: _____

Approved By: _____

Written By: _____