

FIRE SPRINKLERS

Please submit/upload plans in PDF format

Applicant must submit the following items:

Please indicate items submitted with a checkmark (✓)

Create online as Permit Type: Fire Sprinkler Workclass: Fire Sprinkler

1. Permit application (check appropriate trade) completed and signed _____
2. Number of heads _____
3. All commercial and 3 units or more residential plans require Fire Rescue plan review and an additional fee _____
4. Hydraulic calculations to verify capability of the system _____
5. Signed and sealed plans after threshold number of heads _____

Note: Work must be done only by State Certified contractor for Fire Sprinkler, as defined on Section 633.021, Florida Statutes.

Contractor must coordinate the connection of the fire sprinkler system to the main line, with the PBC Fire Department 233-0050 and with the Town of Jupiter Utility Department 748-2705, prior to installation



PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION



NO. _____

FP# _____

PERMIT # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY/TOWN: _____

- _____ CONSTRUCTION _____ REVISE _____ ALTERATION
- _____ MULTIPLE DWELLING _____ CIVIL _____ COMMERCIAL
- _____ INTERIOR _____ HOOD SYSTEM _____ FUEL TANK/LINES
- _____ LP GAS _____ FIRE ALARM _____ FIRE SPRINKLER
- _____ FIRE SUPPRESSION _____ HVAC _____ OTHER _____

NAME OF OWNER OR ENGINEER ADDRESS OF OWNER OR ENGINEER

NAME OF CONTRACTOR ADDRESS OF CONTRACTOR

PRINT APPLICANT/ CONTACT NAME APPLICATION DATE

TELEPHONE NUMBER _____ FAX NUMBER \$ _____ VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
---------------------------	-----------------------------------	------------	-----------------------------