



City of High Springs

110 NORTHWEST FIRST AVENUE
HIGH SPRINGS, FLORIDA 32643
TELEPHONE: (386) 454-1416 Ext 230
FACSIMILE: (386) 454-5322

ELECTRICAL FIRE ALARM PERMIT APPLICATION

1. Date _____
2. Property Owner's Name _____
3. Owner's Address _____
4. Job Site Address _____
5. Contractor _____ License# _____

Legal Description: Lot _____ Block _____ Subdivision _____
Section _____ Township _____ Range _____ Parcel # _____

System Type _____

Contractor Contract Cost \$ _____ Note: Permit Fee is based on Contract Cost.

FEES: RESIDENTIAL ALARM: \$60.00
COMMERCIAL: PER FEE EVALUATION SCHEDULE

NOTE: Two sets of the plan must be submitted for review prior to issuance of a permit.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work shall be complied with whether specified herein or not.

Note: If Agent signs application you must submit a notarized letter of authorization signed by the contractor granting permission.

Signature of contractor or agent