



City of High Springs

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

FIRE SUPPRESSION SYSTEM PERMIT APPLICATION

Date _____

Property Owners Name _____

Owners Address _____

Job Site Address _____

Contractor _____ License# _____

Legal Description: Lot _____ Block _____ Subdivision _____

Parcel # _____

Contract Cost \$ _____

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

Permit Fee \$ _____

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.

Signature of Contractor