

CEDAR HAMMOCK FIRE RESCUE



**OVER-THE-COUNTER FIRE ALARM PERMIT APPLICATION  
ALTERATIONS, ADDITIONS, MODIFICATIONS (F.S.533.7932)**

**(20 Devices or less)**

**FLORIDA FIRE PREVENTION CODE 8<sup>TH</sup> EDITION (2021) IN EFFECT  
NFPA 1 & 101 (2021) NFPA 72 (2019)**

**CONTRACTOR INFORMATION**

Contractor (Please Print): \_\_\_\_\_

Email: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

License #: \_\_\_\_\_

Manatee County Permit #: \_\_\_\_\_

PROJECT ADDRESS: Click or tap here to enter text. City: Click or tap here to enter text.

Over the Counter Fire Alarm Permit processes are intended to expedite the permitting process for alterations, additions, or modifications of projects with twenty (20) or less fire alarm devices for a single system. To utilize the process, the scope of work must meet the following criteria:

- Permit fee \$250.00
- The scope of work is for a total of twenty (20) or fewer initiating devices and notification devices, or the installation or replacement of a fire communicator connected to an existing fire alarm control panel in an existing commercial, residential, apartment, cooperative, or condominium building.
- The devices are listed for the system being modified.
- The work is not a part of a new system.
- All work is visible and easily accessible to the Fire Inspector.
- All applicable permits must be obtained, and fees paid.
- Shop drawings, if appropriate, equipment specifications, and listing information must be present on site at the time of inspection.
- Contractor must supply copy of license.

**I certify that the scope of work conforms to the above criteria and that this application shows a true representation of construction to be accomplished under this permit and that no work has commenced prior to the issuance of this permit. I further certify that the owner will be notified of the above information. It is understood that any false information or deviation from the original documents will render this permit issued under this application null and void, unless approved by Cedar Hammock Fire Rescue.**

**After the work is completed, Cedar Hammock Fire Rescue must perform a final inspection.**

**Number of fire alarm devices:**

Contractor (Print Name)

Contractor Signature:

Date: