



Joseph V. Daigle
Fire Chief

BONITA SPRINGS FIRE CONTROL AND RESCUE DISTRICT

Fire Prevention Division

27701 Bonita Grande Road Bonita Springs, FL 34135
PH (239) 949-6200 Fax (239) 949-6216

Office hours, Monday – Friday 8 am to 5 pm



Timothy A. Fernandez
Fire Marshal

NEW CONSTRUCTION

REQUIRED FIRE PERMITS AVAILABLE

Fire Alarm System	Monitoring System	Fire Sprinkler System	U/G Fire Line
Standpipe System	Clean Agent System	Paint Booth	Fire Pump
LPG Tank	LPG/NAT Piping	Fuel Tanks/Piping	Natural Gas
Sparklers/Fireworks FL Statute 791	Exhaust Hood Kitchen or Other	Suppression System Hood or Other	Dry Hydrant/Alternative Water Supply

PERMITTING PROCEDURES

Plans are to be prepared by a Florida Licensed Fire Protection Contractor, Florida Registered Architect or Engineer in accordance with Florida Statute 633, 2010 Florida Fire Prevention Code, NFPA Standards, and State Fire Marshal Rules.

If plans are intended to be mastered, the contractor, engineer, or architect shall indicate by a sealed letter or statement on the plans that they approve of repetitive use of the plans for permitting or, if a case by case approval specific to each application is required for permitting.

1. Minimum four sets of plans required for plan review submitted to Bonita Springs Community Development 9220 Bonita Beach Rd #11
2. Plan Review and Permit Fees are due when permit is ready for pick-up.
3. Complete applicable areas of "Fire Permit Application" form pertaining to permit request.
4. Submit "Authorization Letter" with copy of license at time of plan submittal and permit request.
5. Applicable to Fire Sprinkler, Fire Pump, U/G Fire Line, and Standpipe permit requests – provide a current fire hydrant fire flow that has been done within the last six months attached to plans.
6. Prior to issuance of a Final Certificate of Completion for any permit the **Applicant** shall submit a final "as-built plan" of the work in an electronic computer format file compatible with the Fire District's system (e.g. .pdf or .tif) (Effective 08-12-08)

CHECKING PERMIT OR PLAN REVIEW STATUS

Call 239-444-6150

Call 239-949-6211

SCHEDULING INSPECTION(s)

Call 239-949-6212



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FIRE PERMIT APPLICATION

(Please print or type all information)

Permit #: FIRE	Permit #:	Date:	Admin. Asst:
LDO/DOS #:	Master Plan #:	STRAP #:	
Project Name:	Subdivision:	Sq. Ft:	
Job Address:	Estimated Job Value:		
Contractor/Bus. Name:	Contact Person:		
Mailing Address:	License #:		
Phone #:	FAX #:	EMAIL:	
Job Description:			

CHECK ALL INFORMATION THAT APPLIES BELOW

Fire Alarm:	Sq. Ft.	Monitoring System:		
Fire Sprinkler:	Sq. Ft.	U/G Fire Line:	Dry Hydrant:	Standpipe:
Kitchen Grease Hoods:	# of:	Total Length:	Hood Suppression:	Length:
Clean Agent:	Paint Booth:	Suppression:	Fuel Tank(s)/Piping:	# Tanks:
LPG Tank:	# Tanks:	LPG/NAT Piping:	Natural Gas:	BTUs:
Fire Pump:	GPM:	Fireworks/Sparklers s791:		

DO NOT WRITE BELOW THIS LINE

Plan Review:	Date:	REV:	F.P. Fee:
		RESUB:	P.R. Fee:
		AUTHORIZATION LETTER:	INSP Fee:
		LICENSE: (copy)	Total:
		INSURANCE: (copy)	
		<u>FEES PAID</u>	
		Date:	
		INT:	



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REGISTRATION/AUTHORIZATION LETTER

(Please print or type all information)

NOTE: COPIES OF ALL REQUIRED LICENSES MUST BE ATTACHED TO THIS LETTER	
License Holder Name:	State Lic. #:
Firm/Bus Name:	
Address:	
Phone:	FAX:
I HEREBY AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO ACT AS MY AGENT IN ALL AREAS OF THE PERMITTING PROCEDURES WITH THE BONITA SPRINGS FIRE CONTROL AND RESCUE DISTRICT	
I am authorizing ONLY those listed below.	
I am authorizing the following individual(s) IN ADDITION to a previously submitted authorization form.	
I am rescinding all previously submitted authorization forms, and I am authorizing ONLY those listed below.	
This authorization is for ONE JOB ONLY.	
Job Site Address:	Job Site Permit #: FIRE2010 -

AUTHORIZED PERSON(S)	AUTHORIZED PERSON(S) SIGNATURE

I understand that I remain fully responsible and liable for all acts performed under said Permit(s).
Under penalties of perjury, I declare that I have read the foregoing authorization letter and that the facts stated in it are true.

Date:	By:
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(Signature of Licensee)