Application for
Fire Safety System
Highlands County, Florida

Date_____ Permit #_____

Owner_____

Address_____

Legal Description_____

Fire Safety Contractor_____

Building Contractor_____

Type of System_____

Valuation $_____ Fee $_____

State Surcharge $_____

Certificate of Completion $_____

Total: $_____

This Application is made Subject to all Highlands County codes.

_____ _____

Signature of Applicant Competency Card #

_____

State Number

I do hereby certify that any work subcontracted on this job, Permit #_____, are duly certified and licensed Contractors, and hold a Competency Card in Highlands County.

_____

Revised 10/1/10 Contractor or Owner

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