



SPRING HILL FIRE RESCUE & EMS DISTRICT PERMIT APPLICATION



****THIS FORM CAN BE FILLED IN, SAVED, and EMAILED****

GENERAL INFORMATION (for Applicants)

Please call (352) 754-5826 with questions. Applications should be truthfully completed, signed, and submitted with all required documentation as per checklists found on the Spring Hill Fire Rescue web site, www.springhillfire.com. Fees may be paid by money order, check, or cash, and must be paid in full prior to issuance of permit. Applications should either be emailed to bsmith@springhillfire.com, faxed to the attention of Fire Safety at 352-688-5075, paid in person, or mailed to the attention of Fire Safety at Spring Hill Fire Rescue, 3445 Bob Hartung Court, Spring Hill, FL 34606. Fees must be mailed or delivered to office if permit is emailed. Please allow 7 business days for reply.

APPLICANT INFORMATION

Application Date _____ Hour(s) of Use _____ Date(s) of Use _____

Permit/Event/Business Address _____

Business Name _____ Business Phone _____

Applicant Name _____ Applicant Phone _____

Applicant Email _____ Applicant Fax _____

Applicant Signature _____

Property Owner Name _____ Property Owner Phone _____

Property Owner Address _____

Contractor Name _____ Contractor Phone _____

Contractor Address _____

Insurance Carrier _____ Insurance Phone _____

Policy Number _____

PERMIT INFORMATION

- _____ Hydrant Testing (Special Request) \$65 _____ Fireworks Permit \$500
- _____ New State Licensed Facility Permit \$40 _____ Planning & Zoning Review \$125
- _____ Fire Life Safety Inspection (includes Certificate of Use, Standard Inspection, Administrative Fee) \$40
- _____ Fire Alarm & Fire Sprinklers: (See Ordinance Fee Schedule or call Fire Prevention) \$ _____
- _____ Open Burning Permit ___ Residential \$25 ___ Commercial \$125
- _____ Carnival/Festival/Open Public Assembly Permit \$125 _____ Gas Inspection \$ _____
- _____ Other Fee(s) applied \$ _____) _____

ADMINISTRATIVE SECTION (for Office Use ONLY)

Date Received _____ Received by / ID # _____

Date Inspected _____ Inspected by / ID # _____

_____ Denied Reason _____

_____ Approved SHFPrevention ID # _____ Invoice # _____

Fire Safety Signature _____ Acct. Rec. Signature _____