



SPRING HILL FIRE RESCUE and EMS DISTRICT PERMIT APPLICATION



GENERAL INFORMATION (for Applicants)

Please call (352) 754-5825 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 charge, and must be paid in full prior to issuance of permit. Permits should either be emailed to rsudol@springhillfire.com, faxed to the attention of Fire Safety at 352-688-5075, or mailed to the attention of Fire Safety at Spring Hill Fire Rescue, 3445 Bob Hartung Court, Spring Hill, FL 34606. Please allow 7 business days for reply.

APPLICANT INFORMATION

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

Permit/Event Address _____

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

<p>_____ Hydrant Testing (Special Request) \$65</p> <p>_____ New State Licensed Facility Permit \$40</p> <p>_____ Standard Life Safety Inspection \$40</p> <p>_____ Open Burning Permit ___ Residential \$25 ___ Commercial \$125</p> <p>_____ Carnival/Festival/Open Public Assembly Permit \$125</p> <p>_____ Other (fee applied \$ _____) _____</p>	<p>_____ Fireworks Permit \$500</p> <p>_____ Life Safety Permit \$40</p> <p>_____ Planning & Zoning Review \$125</p>
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ADMINISTRATIVE SECTION (for Office Use ONLY)

Date Received _____ Received by / ID # _____

Date Inspected _____ Inspected by / ID # _____

_____ Denied Reason _____

_____ Approved Invoice # _____ SHFPrevention ID # _____

Fire Safety Signature _____ Acct. Pay. Signature _____