

**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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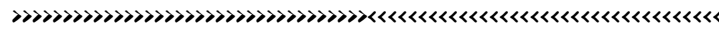
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