Application for
Fire Safety System
Highlands County, Florida

Date_____ Permit #_____

Owner_____

Address_____

Legal Description_____

Fire Safety Contractor_____

Building Contractor_____

Type of System_____

Valuation $_____ Fee $_____

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.

_____
Contractor or Owner

Revised 02/15/05

Application for
Fire Safety System
Highlands County, Florida

Date_____ Permit #_____

Owner_____

Address_____

Legal Description_____

Fire Safety Contractor_____

Building Contractor_____

Type of System_____

Valuation $_____ Fee $_____

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.

_____
Contractor or Owner

Revised 02/15/05