



SPARTANBURG COUNTY
FIRE ALARM PERMIT APPLICATION
 PHONE: (864) 596-2727 FAX: (864) 596-2194

DATE: _____

LOCATION INFORMATION:

INSTALLATION ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

OWNER'S INFORMATION:

OWNER'S NAME: _____ **PHONE:** _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____

WORK DESCRIPTION: _____

TOTAL JOB COST: _____

CONTRACTOR INFORMATION:

CONTRACTOR NAME: _____
 LICENSE NUMBER: _____ PHONE: _____
 E-MAIL: _____

DIRECTIONS LEAVING OUR OFFICE: _____

****In the event of a refund or cancellation of a permit request, a \$32.00 administrative fee will be charged****

ALL WORK TO COMPLY WITH ALL PROVISIONS OF COUNTY ORDINANCE AND CODES

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT: _____

SIGNATURE OF APPLICANT

When submitting for permit all drawings that are not required to be stamped by a P.E. pursuant SC Code of Laws 40-22-280(B), please submit 2 hard copies stamped by a NICET level III for review