Fire Alarm/Sprinkler/ Suppression Permit Application

1. Fire System Contractor Information

Applicant Full Name		
Address (street, city, state, zip)		
Company		SC-LLR License Number
Phone	Email	

2. Property Information/Location of Proposed Work

Address (street, city, state, zip)	Unit/Suite
Tax Map Reference Number(s)	Tenant/Business/Occupancy
General Contractor (if applicable)	Master Permit Number (if applicable)

3. Project Description

Provide a **detailed** description of the proposed work. Provide separate sheet if more room is needed.

☐ New System Install	☐ Addition to existing	☐ Modification of existing

4. Valuation

(Submit executed contract with application.) Total Contract value: _____

5. Signatures

It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate Building Code, Zoning Ordinance, or other Ordinances of the City of Columbia, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without approval of the Building Official shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.	
Signature of Contractor	
Print Name	Date