



Office Use Only	
Permit Number:	Fee:
Plan Review:	Fee:

City of Greer Fire Alarm Permit Application

Mailed to: Fire Marshal's Office 301 E. Poinsett St. Greer, SC 29651

Total Contract Price: _____

Application Date: _____

Installation Location

Business/ Location Name:	
Street Address:	Suite:
Property Owner/ Rep Name:	Owner/Rep Contact Number:

Installation Contractor Responsible for Fire Alarm System

Contract Company:	Address:
Fire Alarm State License #	Expiration Date:
City of Greer Business License #	
Contact Person's Name:	Contact Phone:
Contact Fax:	Contact E-mail:
____ Installing entire system or Name of contractor installing wire/conduit:	

Fire Alarm System Details

<input type="checkbox"/> New System in New Building	<input type="checkbox"/> New System in Existing Building
<input type="checkbox"/> Replacement of Existing System	<input type="checkbox"/> Modification of Existing System
Alarm system coverage: Per 2006 IBC/IFC/IMC, 2007 NFPA 72. Check all sections which apply to new or existing design	

Submittal Checklist

Application and two set of plans, battery and voltage drop calculations
I have reviewed the City of Greer Fire Alarm Submittal Packet.

The contact person listed above will receive comments and/or permit approval after the plan review has been completed. A Permit and Plan Review fee will be assessed based on the total value of the project. Permit and review fees increase proportionally to the contract value of the project. When requested, a copy of the contract must be submitted with these documents.

I hereby make application for permit to perform the work described herein, and if permit is granted, I agree to conform to all review comments, City Ordinances, State, International, and National codes as applicable, and applicable requirements set forth by the City or State Fire Marshals Office, whether specified herein or not, and in accordance with all plans submitted. I certify that the information given is true and accurate:

Print Name

Sign Name

Date