



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

City of Greer Fire Suppression System Permit Application

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

Total Contract Price: _____

Application Date: _____

This permit is for fire suppression systems (**other than Fire Sprinkler Systems**). A permit is required for installation of new systems and for any modifications of existing systems. A separate permit shall be obtained for each system. Additional permits are required for connection to or installation of the ventilation system, and/or modifications to electrical or gas systems.

Installation Location

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

Installation Contractor

Contract Company:	Address:
State License #	Expiration Date:
City of Greer Business License #	
Contact Person's Name:	Contact Phone:
Contact Fax:	Contact E-mail:

Fire Suppression System Details

Make:	Model:
Installation: ___ New Construction ___ Replacement of existing ___ Other:	
System Type(s): ___ Wet Chem ___ Dry Chem ___ Inert Agent ___ Water Mist ___ Other:	
Hazard(s): ___ Cooking ___ Paint/Spray Booth ___ Computer/ sensitive equipment ___ Other:	
Installations shall be in accordance with International Code requirements and meet the following NFPA requirements: ___ 17A (Wet Chem) ___ UL 300 ___ 17 (Dry Chem) ___ 11,11A, 16 (Foam) ___ 12 (CO2) ___ 12A (Halon) ___ 2001(Clean Agent)	

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