



**SUMTER CITY-COUNTY
BUILDING INSPECTION DEPARTMENT
POST OFFICE BOX 1449 12 WEST LIBERTY STREET
SUMTER, SC 29151 (803) 774-1600**



FIRE SPRINKLER/SUPPRESSION SYSTEM PERMIT APPLICATION

Permit Number _____ **Master Permit** _____

Jurisdiction City County Mayesville Pinewood

Applicant _____
Name _____ Phone _____

Applicant's Address _____
Street _____ City _____ State _____ Zip _____

Property Owner _____
Name _____ Phone _____

Owner's Address _____
Street _____ City _____ State _____ Zip _____

Sprinkler/Suppression System Contractor _____
Name _____ Phone _____

Contractor's Address _____
Street _____ City _____ State _____ Zip _____

Contractor License Number _____

Property Address _____ **Tax Map #** _____

Type of Work Commercial Residential

Nature of Work New Installation Alterations Addition

Total Contract Price (labor and material) \$ _____

DESCRIPTION OF WORK _____

Application Completed by: Agent **or** Owner

Note: The Acceptance of this application for review and the payment of fees does not constitute the approval of this application. Approval is granted only upon the receipt of a permit. **THIS APPLICATION IS NOT A PERMIT.**
The above statements and accompanying material are complete and accurate

_____ _____ _____
Print Name Signature Date

OFFICE USE ONLY:
Permit Fee _____ **Comments** _____
Planning Official _____ **Building Official** _____