

COUNTY OF UNION
DEPARTMENT OF BUILDING SAFETY
1246 S. Duncan By-Pass Suite B
Union, S.C. 29379
Phone (864) 424-2341 Fax (864) 427-7851

FIRE ALARM PERMIT APPLICATION

TAX PARCEL #: _____

PROJECT ADDRESS: _____ SUITE #: _____

OWNERS NAME: _____

TYPE OF WORK: NEW ADDITION ACCESSORY OTHER

DESCRIPTION: _____

PROJECT SIZE (SQ. FT.): _____

OCCUPANCY TYPE: A E I F H U M B

TYPE OF CONSTRUCTION: I II III IV V

**SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, MECHANICAL, PLUMBING, AND
SPRINKLER CONTRACTORS.**

CONTRACTORS:

TYPE:	NAME/ADDRESS	LICENSE #	PHONE#	COST
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FIRE ALARM _____

TOTAL ESTIMATED PROJECT COST: _____

CONTACT PERSON: _____ PHONE # _____

I HEREBY CERTIFY: That I have read this application and that all information contained herein is true and correct. That I agree to comply with all County Ordinances and State Laws regulating building construction. That I am the owner or authorized by the owner to perform the herein work described.

SIGNATURE _____ DATE _____