

## Fire Alarm Permit Application

Application Date: \_\_\_\_\_

Installation Location: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Owner/Rep Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner/Rep Email: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City of Travelers Rest Business License #: \_\_\_\_\_

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### Contractor/Installation Company

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fire Alarm State License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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### Fire Alarm System Details

- New System in New Building  New System in Existing Building  Replacement of Existing System  
 Modification of Existing System

**Permit fee \$10. Mail check payable to City of Travelers Rest to:**

**City of Travelers Rest**

**125 Trailblazer Drive, Travelers Rest, SC 29690**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_