

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 #: _____

Contractor/Installation Company

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____

Fire Alarm State License #: _____ Expiration Date: _____

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

NOTE: Buildings with a fire alarm are required to have a KNOX Box as per fire code IFC506.1.

Signed: _____ Date: _____