

# FIRE PROTECTION PERMIT APPLICATION

City of Waltherboro

<b>Applicant to complete numbered spaces only.</b>		<b>1. CONTRACTORS EMAIL:</b>					
2. Job Address		Tax Map #					
3. Owner	Mail Address			Phone			
4. Contractor	Mail Address	Phone	License No.				
5. Use of Building <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial Use							
6. Class of Work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE							
7. Describe Work:							
Date: _____							
<b>BUILDING OFFICIALS NOTES:</b>							
Please enter the <b>number of each fixture</b> that you are installing:							
Alarm Systems:	<input type="checkbox"/> System	<input type="checkbox"/> 110v Interconnected	<input type="checkbox"/> CO Detectors / 110v	Other:			
Alarm Devices:	<input type="checkbox"/> Smoke	<input type="checkbox"/> Water/flow	<input type="checkbox"/> Heat	<input type="checkbox"/> Pulls			
Suppression Systems:	<input type="checkbox"/> Pre-action Valves	<input type="checkbox"/> Sprinkler Heads (Dry & Wet)	<input type="checkbox"/> Dry Pipe/Alarm Valves	<input type="checkbox"/> Fire Pump <input type="checkbox"/> GPM Type			
Pre-engineered Systems:	<input type="checkbox"/> Wet Chemical	<input type="checkbox"/> Dry Chemical	<input type="checkbox"/> CO <sub>2</sub> Suppression	<input type="checkbox"/> Foam Suppression    Other:			
Other Systems:	<input type="checkbox"/> Kitchen Hood Exhaust System	<input type="checkbox"/> Fuel-Fired Appliances:	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil <input type="checkbox"/> Solid			
Other Systems:	<input type="checkbox"/> Fireplace Venting/Metal Chimney	<input type="checkbox"/> Smoke Control System	Other:				
8. Valuation of work: <b>\$</b>		Types of Construction		Occupancy Group			
<b>PERSON SIGNING PERMIT IS RESPONSIBLE FOR</b>		Size of Bldg. (Total) Sq. Ft.					
<b>REMOVAL OF ALL DEBRIS</b>							
Application Accepted By:	Plans Checked by:	Approved for Issuance By:	<b>ZONING DISTRICT</b>				
			Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>NOTICE</b>			No. of Dwelling Units				
SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN <b>6 MONTHS</b> , OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF <b>6 MONTHS</b> AT ANY TIME AFTER WORK IS COMMENCED.							
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.			<b>FEE</b>				
			<b>Application Filing Fee</b>		<b>\$ 30.00</b>		
			\$1000 or less		\$15.00	<b>\$ 15.00</b>	
			1,001 to \$50,000		& \$5/thousand		
			51,001 to \$100,000	\$ 260.00	& \$4/thousand		
			100,001 to \$500,000	\$ 460.00	& \$3/thousand		
			501,000 and up	\$ 1,660.00	& \$2/thousand		
		<b>Plan Check Fee</b>	<b>(1/2 of Permit Fee)</b>				
9. Signature of Contractor or Authorized Agent		Date					
10. Signature of Owner (If Owner Builder)		Date	<b>PERMIT FEE</b>				