



PELHAM-BATESVILLE FIRE DEPARTMENT

Fire Sprinkler System Information Form

Send to: Fire Marshal's Office 3050 South Hwy 14 Greer, SC 29650

Date: _____

Installation Location

Business/ Location Name: _____

Street Address: _____ Suite: _____

Property Owner/ Rep Name: _____

Owner/Rep Contact Number: _____

Occupancy Classification(s): Assembly Business Educational Factory/ Industrial
 Hazardous Institutional Residential Storage

Installation Contractor

Contract Company: _____

Address: _____

Sprinkler Contractor State License # _____ Expiration Date: _____

Contact Person Name: _____ Contact Phone: _____

Contact Fax: _____ Contact E-mail: _____

Fire Sprinkler System Details

Square Footage of Project Area: _____ Number of Risers: _____

Installation: New Construction Renovation/ Remodel Change of Hazard Class

System Type(s): Wet Dry Pre-Action Anti-Freeze Deluge Other: _____

Area of Sprinkler Operation: _____ Area per Sprinkler: _____ Density: _____

Hazard(s): Light Hazard Ordinary Grp 1 Ordinary Grp 2
 Extra 1 Extra 2 Special

Standpipes: None Auto Wet Manual Wet Auto Dry Manual Dry

Other: ___ High Piled/ Rack Storage ___ Room Design Method Applied
___ Original System per Pipe Schedule Design

Number of feet of Underground Piping installed: _____

Underground Piping shall be installed per NFPA 24: YES/ NO

Required Documentation to Submit with this Form:

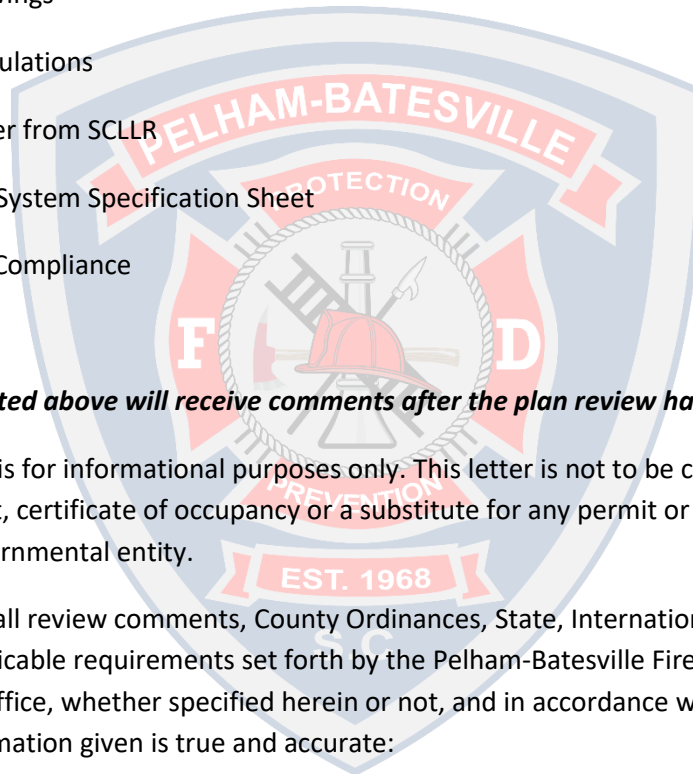
1 Set of Sprinkler Drawings

1 Set of Hydraulic Calculations

Copy of Approval Letter from SCLLR

Copy of Fire Sprinkler System Specification Sheet

Copy of Certificate of Compliance



The contact person listed above will receive comments after the plan review has been completed.

I understand that this is for informational purposes only. This letter is not to be construed as a building or construction permit, certificate of occupancy or a substitute for any permit or certificate required by any state or local governmental entity.

I agree to conform to all review comments, County Ordinances, State, International, and National codes as applicable and applicable requirements set forth by the Pelham-Batesville Fire Department, County or State Fire Marshal's Office, whether specified herein or not, and in accordance with all plans submitted. I certify that the information given is true and accurate:

Print Name

Sign Name

Date