



FIRE PROTECTION PERMIT APPLICATION



PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2
 PROOF OF ID MUST BE SUBMITTED WITH APPLICATION
 (A**) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE: _____	PERMIT FEE: \$ _____	FACILITATOR'S INITIALS _____
PERMIT NUMBER: _____	CONV. FEE: \$ _____	
RESIDENTIAL _____ COMMERCIAL _____	TOTAL: \$ _____	

DESCRIPTION OF WORK:

TYPE OF WORK (check all that apply):

NEW	UNDERGROUND FIRE MAIN	VENTHOOD (suppression system required)
REMODEL	FIRE SPRINKLER	UNDERGROUND STORAGE TANK
REPLACEMENT	FIRE ALARM	OTHER
ADDITION		

GROSS SQUARE FOOTAGE OF ENTIRE BUILDING: _____	GROSS SQUARE FOOTAGE OF THE TENANT SPACE: _____
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RESIDENTIAL PROJECT: - Complete this section

PROPERTY OWNER'S NAME: _____		PROPERTY OWNER'S PHONE # WITH AREA CODE: _____	
PROPERTY OWNER'S MAILING ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
INSTALLATION STREET ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
PROPERTY OWNER'S EMAIL ADDRESS: _____			

COMMERCIAL PROJECT: - Complete this section		PARCEL ID #:	
PROPERTY OWNER'S NAME:		PROPERTY OWNER'S PHONE # WITH AREA CODE:	
NAME OF BUSINESS/LESSEE:	SHOPPING CENTER / DEVELOPMENT NAME:		
BUSINESS MAILING ADDRESS:	CITY:	STATE:	ZIP:
INSTALLATION STREET ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER'S EMAIL ADDRESS:			
CONTRACTOR CONTACT INFORMATION:		STATE LICENSE (LLR) #:	
BUSINESS NAME:	D/B/A:		
BUSINESS MAILING ADDRESS:	CITY:	STATE:	ZIP:
BUSINESS CONTACT'S NAME:	BUSINESS OWNER'S PHONE # WITH AREA CODE:		
BUSINESS CONTACT'S EMAIL ADDRESS:	BUSINESS CONTACT'S PHONE # WITH AREA CODE:		
(A**) CONTRACT AMOUNT:	\$	Do you have a current business license? Yes, #: No	
Contractors: YOU MUST PURCHASE A CITY BUSINESS LICENSE IN ORDER TO CONDUCT WORK.			
Town of Williamston BUILDING CODES FEE SCHEDULE - EFFECTIVE February 15, 2021 FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE			
IMPORTANT NOTES			
<ul style="list-style-type: none"> Plans for new fire sprinkler systems or systems with twelve (12) new heads or more are required to be submitted to the South Carolina Office of State Fire Marshal (OSFM) for review in addition to this office. The review from the OSFM can take up to thirty (30) days. Fire sprinkler system plans for modifications to an existing system adding eleven (11) or fewer heads will be reviewed by this office only. Please visit this link OSFM for the required request form. Plan reviews by this office may take up to ten (10) days. Permits for underground or above ground fire sprinkler systems cannot be issued without approval letters from the OSFM. This office must be contacted prior to the commencement of any work, failure to do so may result in unnecessary delays to project. All contractors conducting underground or above ground fire sprinkler system installation will be required to coordinate inspections with this office, failure to do so may result in concealed work to be revealed, destructive testing to be conducted and/or removal of materials. NFPA 13 and NFPA 24 forms will not receive a signature until the inspector is satisfied with installation and all test have been approved. All valves for automatic sprinkler systems shall be monitored as required by SCFC section 903.4. All alternative automatic fire-extinguishing systems shall be installed and tested in accordance with SCFC section 904.3 and 904.4. All testing must be witnessed by this office.. All fire alarm installations will not receive a signature of the required NFPA 72 Record of Completion until the inspector is satisfied with it's installation, this may require 100% witness testing. All testing materials and testing procedures are the responsibility of the contractor/ permit holder. 			
IN THE EVENT OF A REQUEST FOR CANCELLATION OR RE FUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NONREFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.		A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS. THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.	

SIGNATURE:

By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.

I certify the information given on this application is true and correct.

APPLICANT'S NAME (printed)	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:		APPLICANT'S PHONE # WITH AREA CODE:
APPLICANT'S SIGNATURE:		

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS