



**Fire Sprinkler System Permit**

Permit Date: \_\_\_\_\_ Permit Number: JISKP - \_\_\_\_\_

Property Owner / Buisness Name: \_\_\_\_\_

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

Sprinkler Company: \_\_\_\_\_

Contact Name and Number for Sprinkler Company: \_\_\_\_\_

Sprinkler Companys License Number: \_\_\_\_\_

Work to be performed: \_\_\_\_\_

Type of System: 13 \_\_\_ 13D \_\_\_ 13R \_\_\_

Shop Drawings: Approved \_\_\_ Denied: \_\_\_ Resubmittal: \_\_\_

**I have read and understand the Jekyll Island Fire Prevention Ordinance, Article II Chapter 12, Section 12-27 False Alarm Ordinance, and will comply with said Ordinance. I further understand that I will be responsible for ensuring the alarm system is placed in test before performing any work or testing on this system.**

\_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of the work order shall be sent to the Jekyll Island Fire Marshal's Office within 10 working days after work/inspection is performed.**