JEKYLL ISLAND
AUTHORITY

**Fire Sprinkler System Permit**

Permit Date: _____ Permit Number: JISKP - _____

Property Owner / Business Name: _____

Properties Address: _____

Sprinkler Company: _____

Contact Name and Number for Sprinkler Company: _____

Sprinkler Company's 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.**

_____
Signature

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.**