

City of Southport
Work Sheet
Application for Sprinkler Permit

Please fill out completely before applying for permit:

Permit Number: _____ Date: _____

Location by Road: _____

Owner's Name and Address: _____

Owner's City, State, Zipcode: _____

Owner's Phone Number: _____

Sprinkler Contractor's Name: _____

Sprinkler Contractor's Address: _____

Sprinkler Contractor's City, State, Zip: _____

Sprinkler Contractor's Phone Number: _____ License Number: _____

Mechanic in Charge: _____ Contractor's Fax Number: _____

Estimated Job Cost: _____

Used For: Residential _____ Commercial _____

Building Square Footage _____

Permit Requested By: _____