

FIRE ALARM – (ALR) APPLICATION

In accordance with the Spokane Municipal Code and the Fire Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Spokane Fire Department (SMC 17F.080.050).

Spokane
FIRE DEPARTMENT
44 W. Riverside Avenue
Spokane, WA 99201-0189
(509) 625-7000
(509) 625-7006 Fax
www.spokane-fire.org



All fields must be completed. If not applicable, please mark with N/A

Date: _____

SITE INFORMATION

BUILDING/SITE NAME:			
BUILDING/SITE ADDRESS:	#	DIRECTION	STREET NAME
MAILING ADDRESS:			

WILL THE AREA OF THIS WORK BE TENANT OCCUPIED? YES ☐ NO ☐ (If yes, fill in the information field below)

OCCUPANT / TENANT INFORMATION

TENANT NAME:			
ADDRESS:	CITY	STATE	ZIP

APPLICANT INFORMATION

BUSINESS NAME:			
ADDRESS:	CITY	STATE	ZIP
PHONE#:	FAX#:	E-MAIL:	
CONTACT NAME:			

REGISTERED (SUB)CONTRACTOR PERFORMING TESTING AND PROGRAMMING

NAME:			
ADDRESS:	CITY	STATE	ZIP
PHONE#:	FAX#:	E-MAIL:	
CONTRACTORS STATE LICENSE #:		EXPIRATION:	
SPOKANE BUSINESS LICENSE #:		EXPIRATION:	

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE BUILDING? YES ☐ NO ☐ **TOTAL # of Buildings** _____
DOES THIS WORK IMPACT MORE THAN ONE SYSTEM? YES ☐ NO ☐ **TOTAL # of Systems** _____

PURPOSE: Installation ☐ Addition ☐ Alteration ☐ Repair ☐ **BID AMOUNT \$** _____
(FOR THIS APPLICATION ACTIVITY ONLY)

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES ☐ NO ☐ **INITIAL PLANS REVIEW \$** _____
PERMIT FEE \$ _____
(Permit fee will be collected after plans are approved)

Submittal of plans and payment of fees **DO NOT** imply project design approval or authorize commencement of work.

APPROVED FIRE DEPARTMENT STAMPED PLANS AND A COPY OF THE ISSUED PERMIT SHALL BE KEPT ON SITE DURING CONSTRUCTION.

TYPE OF SYSTEM:

(check the one most applicable)

____ (ALAF) Automatic Fire Alarm
____ (ALAS) Automatic Monitored F. Alarm
____ (ALBA) Combined Fire/Burglar Alarm
____ (ALCR) Central Reporting Only

(check the one most applicable)

____ Addressable
____ Non-Addressable
____ Full
____ Partial
____ Wireless

SYSTEM REQUIRED: Y or N

REQUIRED BY:

____ Fire/Building Code
____ Insurance
____ Other _____

Central Reporting Company _____

Note: The issuance of a permit based upon plans specifications, data and other reports shall not prevent the Fire Prevention Bureau from thereafter requiring correction of deficiencies. Any deficiencies found during field inspection, testing, or Fire Company Surveys must also be corrected.

In addition to a Fire Alarm Equipment permit issued by the Fire Department, an Electrical permit and inspection will be required from the Building/Construction Services. (per Spokane Municipal Code # 17F.080.140)

All work shall comply with all applicable codes and standards, including NFPA 72 and the Spokane Municipal Code.

If any duct smoke detectors are installed, they shall be supervised by this system and shall be wired to a supervisory zone only, not an alarm initiating zone, as per SFD policy and as provided in NFPA 72 and the International Mechanical Code. (Required in HVAC systems > 2000 CFM.)

Low-pressure supervision is required for all dry pipe sprinkler systems and for pre-action sprinkler systems.

The completed installation shall pass a visual inspection and complete operating test witnessed by a representative of the Fire Prevention Bureau. **Fire alarm systems shall be fully pre-tested and fully functional prior to scheduling inspections.** Please call your Fire Inspector / Deputy Fire Marshal at least 24 hours in advance to schedule inspections or tests.

Contractors Certificate of Completion shall be provided to the Fire Inspector / Deputy Fire Marshal at the beginning of the test.

PROJECT NARRATIVE: (Including *specific* scope, building, floor, suite, system, and location of work)

Building 1 _____

Building 2 _____

Building 3 _____

Building 4 _____

CONTRACTOR PERFORMING THE DESIGN, PROGRAMMING, AND TESTING OF THE WORK SHALL BE REGISTERED WITH THE SPOKANE FIRE DEPARTMENT

THE FOLLOWING ITEMS ARE REQUIRED FOR SUBMITTAL:

- ✓ Drawings by Fire Department Registered Designer-2 Copies Minimum
- ✓ Equipment Cut-Sheets (Copies of catalog pages showing new equipment)
- ✓ Voltage Drop Calculations-2 Copies Minimum
- ✓ Battery Calculations-2 Copies Minimum

Please provide justification for the items listed above not included in this submittal package.

 PLEASE USE OUR SIGNATURE CARD ON FILE FOR PAYMENT
 PLEASE USE OUR DEBIT ACCOUNT FOR PAYMENT