

EXTINGUISHING SYSTEMS APPLICATION – (EXT)

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). All work shall comply with all applicable codes and standards, including NFPA 2001 for the design criteria, NFPA 72 and the Spokane Municipal Code.



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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:			
ZIP			

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 WORK

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

DOES THIS WORK INVOLVE MORE THAN ONE EXTINGUISHING 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)

- | | |
|---|-----------------------|
| ___ EXCA CLEAN AGENT (FM200 SYSTEM, HALON, INERGEN, SAPPHIRE, ETC.) | ___ EXFO FOAM |
| ___ EXCD CARBON DIOXIDE | ___ EXWA WET CHEMICAL |
| ___ EXDC DRY CHEMICAL | |

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.

The completed installation shall pass a visual inspection and complete operating test of the system devices witnessed by a representative of the Fire Prevention Bureau. Please call your Fire Inspector / Deputy Fire Marshal at least 24 hours in advance to schedule inspections or tests.

Indicate the Type of Hazard to be Protected: _____

Extinguishing Agent: _____ Quantity of Agent: _____

System Coverage Area/Volume : _____

System Location: _____

Control Panel Location: _____

Initiation/Activation Devices: _____

Abort/Shut Down Location: _____

Manual Activation Location: _____

Interconnection to Fire Alarm: Y or N

Central Reporting: Y or N

PROJECT NARRATIVE:
(Including specific scope and location of work) _____

THE FOLLOWING ITEMS ARE REQUIRED FOR SUBMITTAL:

- ✓ Drawings-2 Copies Minimum
- ✓ Equipment Cut-Sheets (Copies of catalog pages showing new equipment)
- ✓ 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