

PAINT BOOTH – (PSB) 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).



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	ZIP
ACTUAL LOCATION OF BOOTH:			
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 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 SYSTEM? YES ☐ NO ☐ HOW MANY? _____

PURPOSE: Installation ☐ Addition ☐ Alteration ☐ Repair ☐

BID AMOUNT \$ _____

(FOR THIS APPLICATION ACTIVITY ONLY)

INITIAL PLANS REVIEW \$ _____

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES ☐ NO ☐

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 SUPPRESSION SYSTEM:

(check the one most applicable)

- ____ (PBDC) Dry Chemical
____ (PBWC) Wet Chemical
____ (PBWF) Wet Chemical – Sprinklered/Foam
____ (PBWS) Wet Sprinklered Booth/Room
____ (PBDS) Dry Sprinklered Booth/Room

TYPE OF BOOTH

(check the one applicable)

- ____ Pre-Manufactured
____ Engineered

TYPE OF FILTER

(check the one applicable)

- ____ Dry filter
____ Wet filter
____ Down Draft Water Wash

OCCUPANCY CLASSIFICATION _____

Manufacturer: _____ Model: _____

Quantity of Extinguishing Agent: _____ Name of Agent: _____

Is this an extension of the Building Sprinkler System? Y or N

Connected to Building Fire Alarm? Y or N If not, describe type of local alarm notification devices provided.

Classification of Flammable/Combustible being sprayed: _____

Nozzles and Type: _____

Fusable Links: _____ Link Temperature(s): _____

Other Activation Device(s) *Please Describe* _____

Booth/Room Dimensions (Length X Height X Width) _____

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 Paint/Spray Booth permit issued by the Fire Department, additional Building, Electrical, and/or mechanical permit(s) and inspection are required from the Building/Construction Services.

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

The completed installation shall pass a visual inspection and complete operating test 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.

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

THE FOLLOWING ITEMS ARE REQUIRED FOR SUBMITTAL:

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

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