

STANDPIPE APPLICATION – (STN)

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.spokanefire.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
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 THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE RISER ? YES NO HOW MANY? _____
DOES THIS WORK IMPACT MORE THAN ONE BUILDING ? YES NO HOW MANY? _____

PURPOSE: Installation Addition Alteration Repair **BID AMOUNT \$** _____
FOR THIS APPLICATION ACTIVITY ONLY
IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES NO **INITIAL PLAN 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:	<i>(check the one most applicable)</i>	SYSTEM REQUIRED: Y or N
____(STC1) Class I	____ Wet	REQUIRED BY:
____(STC2) Class II	____ Dry	____ Fire
____(STC3) Class III		____ Insurance
		____ Other

Fire Safety During Construction: Buildings 4 stories or higher shall be provided with not less than one standpipe for use during construction per IFC Section 3313 and IBC 3311.

A 5-year inspection, pressure testing and backflush are required for all standpipes.

The completed installation shall pass a visual inspection and hydrostatic 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.

Standpipe Information:

Location: _____

Fire Department Connection Location: _____

Interconnected: *Y* or *N* PRV's required? *Y* or *N* Fire Pump: *Y* or *N*

Nearest Hydrant Location: _____

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.

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

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

THE FOLLOWING ITEMS ARE REQUIRED FOR SUBMITTAL:

- ✓ Drawings Stamped in Accordance with the WAC 212-80-083 (2 copies minimum)
- ✓ Equipment Cut-Sheets (Copies of catalog pages showing new equipment)
- ✓ Hydraulic Calculations (when applicable)

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