

# 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	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 THIS WORK INVOLVE MORE THAN ONE EXTINGUISHING SYSTEM? YES  NO  TOTAL # of Systems \_\_\_\_\_

PURPOSE: Installation  Addition  Alteration  Repair  VALUE \$ \_\_\_\_\_  
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 be construed as an approval of any violation of the provisions of any locally adopted codes or ordinances. Nor shall it prevent the Fire Prevention Bureau from requiring correction of deficiencies/violations found during subsequent reviews, field inspections, testing, or Fire Company Surveys.

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