

# 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).

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

Date: \_\_\_\_\_

## SITE INFORMATION

<b>BUILDING/SITE NAME:</b>			
<b>BUILDING/SITE ADDRESS:</b> #	<small>DIRECTION</small>	<small>STREET NAME</small>	<small>ZIP</small>
<b>MAILING ADDRESS:</b>			

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

## OCCUPANT / TENANT INFORMATION

<b>TENANT NAME:</b>			
<b>ADDRESS:</b>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>

## APPLICANT INFORMATION

<b>BUSINESS NAME:</b>			
<b>ADDRESS:</b>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>	
<b>CONTACT NAME:</b>			

## REGISTERED (SUB)CONTRACTOR PERFORMING TESTING AND PROGRAMMING

<b>NAME:</b>			
<b>ADDRESS:</b>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>	
<b>CONTRACTORS STATE LICENSE #:</b>		<b>EXPIRATION:</b>	
<b>SPOKANE BUSINESS LICENSE #:</b>		<b>EXPIRATION:</b>	

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  **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)

- \_\_\_\_ (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 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.

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)

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