

RANGEHOOD APPLICATION – (RNG)

In accordance with the Spokane Municipal Code and the Fire Codes, 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
sfdservicereports@spokane-fire.org
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
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 HOOD? YES NO **HOW MANY?** _____
 DOES THIS WORK INVOLVE MORE THAN ONE SUPPRESSION SYSTEM? YES NO **HOW MANY?** _____

PURPOSE: Installation Addition Alteration Repair **VALUE \$** _____
 IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES NO
 FOR THIS APPLICATION ACTIVITY ONLY
 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.

(check the one most applicable)

_____ (RAWC) Wet Chemical
 _____ (RADF) Deep Fat Fryer (Pre-engineered/Self Contained)

Manufacturer: _____ Model: _____

Quantity of Extinguishing Agent: _____ Name of Agent: _____

Connected to Building Fire Alarm: Y or N Required: Y or N

Multiple Hood Suppression Systems: Y or N If yes, how many? _____

Nozzles and Type: _____

Fusible Links: _____ Link Temperature(s): _____

INDICATE THE HAZARD AND APPLIANCES TO BE PROTECTED:

Appliance(s) Protected	Appliance Fuel Source
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____

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 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. We make every effort to schedule testing as soon as possible; however staffing and Inspector workload will affect your ability to get a test with short notice. Good planning in advance on your part will help you get your projects finalized sooner.**

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)

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