

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).

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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 THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE RISER ?
DOES THIS WORK IMPACT MORE THAN ONE BUILDING ?

YES NO
YES NO

HOW MANY? _____
HOW MANY? _____

PURPOSE: Installation Addition Alteration Repair

VALUE \$ _____

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES NO

FOR THIS APPLICATION ACTIVITY ONLY
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: (check the one most applicable)

_____(STC1) Class I _____ Wet
_____(STC2) Class II _____ Dry
_____(STC3) Class III

SYSTEM REQUIRED: Y or N

REQUIRED BY:

____ Fire
____ 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 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.

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