

# FIRE EXTINGUISHING SYSTEM PERMIT APPLICATION

Submit at:  
Northshore Fire Dept. Station 51  
7220 NE 181<sup>st</sup> St.  
Kenmore, WA 98028  
(425) 354-1780

[THIS BOX FOR STAFF USE ONLY]

Building Permit # \_\_\_\_\_  
Project # \_\_\_\_\_  
Fixed System Permit # \_\_\_\_\_  
Application Fee Paid \$ \_\_\_\_\_  
Due at Permit Issuance \$ \_\_\_\_\_

**Fees must be paid by check or money order only**

**PERMIT FEES ARE NON-REFUNDABLE**

**NOTE:** Permit submittals for review must include three copies of plans, specifications, and calculations.

Project Name/Tenant _____	Bldg Permit # _____
Site Address _____	Unit/Bldg/Suite # _____
Complex Name _____	Tax Parcel # _____

Contractor Name _____	Phone # _____
Contact Name _____	Fax # _____
Business Address _____	City _____ State _____ Zip _____
e-mail address _____	Designer Name: _____

## TYPE OF WORK

### Type of Fixed Extinguishing System:

- Kitchen hood # of devices \_\_\_\_\_ Control Head(s) \_\_\_\_\_
- Clean agent system (FM200) # of devices \_\_\_\_\_ Releasing Panel \_\_\_\_\_
- Other \_\_\_\_\_ # of devices \_\_\_\_\_ Releasing Panel \_\_\_\_\_

A device is defined as: A detector, fusible link, nozzle, manual pull station, gas/electric shutoff or agent cylinder.

**Description of work** (be specific, if necessary use the back of this form): \_\_\_\_\_

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**NOTE:** A separate fire alarm permit is required for the connection of any fire protection system to a new or existing fire alarm system.

**I understand that all applicable codes apply. Errors and/ or omissions on the plans and corrections from field inspections are the responsibility of the owner/contractor. All work is subject to the compliance with local ordinances and laws of the State of Washington.**

PRINT NAME (APPLICANT) \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE (APPLICANT) \_\_\_\_\_

RECEIVED AT PERMIT CENTER BY \_\_\_\_\_

DATE \_\_\_\_\_