Northshore Fire Department

FIRE EXTINGUISHING SYSTEM PERMIT APPLICATION

Submit at:
Northshore Fire Dept. Station 51
7220 NE 181st St.
Kenmore, WA 98028
(425) 354-1740 or (425) 354-1780
fireprevention@northshorefire.com

[THIS BOX FOR STAFF USE ONLY]

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/TenantSite Address				
Contractor Name		Phone #		
Contact Name				
Business Address				
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, f	fusible link, nozzle, man	nual pull station, gas/electric shutoff or agent cylinde	<u>er.</u>	
Description of work (be specific, if nece	essary use the back of th	his form):		
NOTE: A separate fire alarm permit is alarm system.	required for the connec	ction of any fire protection system to a new or exis	sting fire	
corrections from field inspect	tions are the respo	Errors and/ or omissions on the plans insibility of the owner/contractor. All wor and laws of the State of Washington.		
PRINT NAME (APPLICANT)	PHONE	SIGNATURE (APPLICANT)		
RECEIVED AT PERMIT CENTER BY		DATE		