



City of Puyallup – Fire Prevention Department

Application for Fire Code – Construction Permit

**333 S. Meridian
Puyallup, WA 98371
Tel: (253) 864-4165**

Building Permit # _____ (in association to the fire sprinkler/alarm submittal)

Parcel #: 9810000014	Site Address: 401 15th Avenue SE Puyallup WA 98372
Owner Name: MultiCare Good Sam Hospital	Phone #:
Owner Address: same as site address	City: _____ Zip: _____
Contractor Name: Guardian Security Systems	Phone #: 206-622-6545
Contractor Address: 1743 1st Avenue S.	City: Seattle Zip: 98134
WA License #: GUARDSS233K5	Exp. Date: _____ City Business License #: _____
Contact Person: Elizabeth Fisher	Contact Email Address: efisher@guardiansecurity.com
Contact Phone #: 206-622-6545 ext 277	Contact Fax #:

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):

Installation of AES radio to monitor existing fire alarm system at MultiCare Good Sam Hospital - Dally Tower

THE APPLICANT HEREBY MAKES APPLICATION FOR THE FOLLOWING FIRE CODE PERMIT

Permit	Description	# of Devices or square footage	Notes/Requirements
<input type="checkbox"/> Fire Sprinkler – New	Installation of a New Automatic Fire Sprinkler System		Total square footage of fire sprinkler required
<input type="checkbox"/> Fire Sprinkler – Tenant Improvement	Tenant Improvement to Existing Fire Sprinkler System		
<input type="checkbox"/> Fire Alarm System -New	Installation of a New Fire Alarm System		Designed to total coverage NFPA72
<input checked="" type="checkbox"/> Fire Alarm System - Tenant Improvement	Tenant Improvement to Existing Fire Alarm System		Designed to total coverage NFPA72
<input type="checkbox"/> Hood Suppression	New or modification of existing system		
<input type="checkbox"/> Generator	Backup Generator or Emergency Generator - \$265		
<input type="checkbox"/> OTHER			

*****Selection Below Must Be Completed By Applicant ~ Please Acknowledge BOTH REQUIRED *****

- U.L. Certification/Third Party Acknowledgement (check box for acknowledgment)**
- NICET Level of Fire Alarm Designer Acknowledgment (check box for acknowledgment)**

*****I have submitted a minimum of three sets of plans and calculations/cut sheets*****

Signature:	Elizabeth Fisher	Date:	2/10/2023
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Print Signature:	Elizabeth Fisher	Email:	2/10/2023
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