

## City of Puyallup — Fire Prevention Department Application for Fire Code — Construction Permit

333 S. Meridian Puyallup, WA 98371

Tel: (253) 864-4165

OF WASH	200 MARIE WEEK ART STATE TO THE TOTAL STATE OF THE	in association to	the fire	sprinkler	/alarm s	submittal)	
<b>Building Per</b>	mit #						7
Parcel #: 12000 40870		Site Address: 2	39 19	st St	SE	Puyalivp	1
		Phone #: 80	1 477	6314		•	
Owner Name: Extra Space Storage			7in: 0 ** 3 0				
Owner Address: 239	SU SHIE	City: Puyally Phone #: 253	0267	7111			
Contractor Name: Score	2 ractific	_		719	Zip:	98467	$\neg$
Contractor Address: 3911 orchard 8+ W		City: TACAM Exp. Date: 7/2		City		s License #: 200994	ماد
WA License #: SECU	Contact Email Address: & Flemming CSound Security. B						
Contact Person: ERIN S	PTT WAR CAPAC		iddi coor i	Zrien	MMIN	19 (300 May 500 12 )	3
Contact Phone #: 253 8	78 2714	Contact Fax #:					
	TENANT NAME):			-			
PROJECT DESCRIPTION (14	Single II Callelan TR	answatter	to e	eplace	PO	Ts lives	_
Extra Space Storage	> Install Cellular Tre	WISWOCT					
				· 1000 ·	ACCUPATION OF THE PARTY OF THE	A STATE OF THE STA	
	NT HEREBY MAKES APPLICATE	ON FOR THE	FOLLOV	VING FI	RE COI	DE PERMIT	
THE APPLICA	NT HEREBY MAKES APPLICATE	4 -6		915 (1.5)			
Permit	Description	# of Devices or square footage		Notes/Requirements			
	Installation of a New Automatic	lootage	Total s	guare fo	otage o	f fire sprinkler requir	ed
Tire Sprinkler – New	Fire Sprinkler System		7000.0				
☐ Fire Sprinkler – Tenant Improvement	Tenant Improvement to Existing Fire Sprinkler System						
☐ Fire Alarm System -New	Installation of a New Fire Alarm		Design	ned to total coverage NFPA72			
Fire Alarm System - Tenant Improvement	System Tenant Improvement to Existing Fire Alarm System	1	Design	ned to total coverage NFPA72			
☐ Hood Suppression	New or modification of existing system						
Generator	Backup Generator or Emergency Generator - \$265						
						POTU PEOUTPED	***
***Selection	on Below Must Be Completed I	By Applicant	Please	Acknow	wledge	BOLL KEGOTKED	
U.L. Certification/Third	Party Acknowledgement (che	ck box for ack	cnowled	gment)			
7000	n A almoudament	(check box fo	or ackno	wieagn	nent)	c/cut shoots***	5.6
****1	have submitted a minimum of	three sets of	plans a	nu caje	ujation:	S/cut Sheets	agazal et S
Signature:			Date:	19		A CONTRACTOR OF THE STATE OF TH	
			THE PARTY LONG TO				
Print Signature: Print Sette Weaver			Email:	EFIC	MWIN	g c Soundsecoety.	613