



# City of Puyallup – Fire Prevention Department

## Application for Fire Code – Construction Permit

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

**Building Permit #**   n/a   (in association to the fire sprinkler/alarm submittal)

Parcel #: 9810000014	Site Address: 401 15th Ave SE
Owner Name: MULTICARE HEALTH SYSTEM	Phone #:
Owner Address: PO BOX 5299 MS 737-4-FSAD	City: TACOMA, WA      Zip: 98415
Contractor Name: Johnson Controls Fire Protection	Phone #: 206-291-1400
Contractor Address: 9520 10th Ave S. Suite 100	City: SEATTLE, WA      Zip: 98108
WA License #: JOHNSCP831PR	Exp. Date: 10/06/2023      City Business License #: 2002191
Contact Person: Janet Stebbins	Contact Email Address: janet.stebbins@jci.com
Contact Phone #: 206-777-4828	Contact Fax #: n/a

**PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):** Modify existing fire alarm system Good Sam Level 3 MRI Room. Relocate (3), add (9) devices, and add (1) new pre-action panel. Good Sam to install.

### 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	12 devices 1 panel	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\*\*\***

<b>Signature:</b>	<i>Janet Stebbins for JCFP</i>	<b>Date:</b>	04/11/2023
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<b>Print Signature:</b>	Janet Stebbins	<b>Email:</b>	janet.stebbins@jci.com
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