



# 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 #: 9810000643	Site Address: 1450 5th St SE, Puyallup, WA 98372
Owner Name: Multicare GSMOB Womens Clinic	Phone #:
Owner Address: 1450 5th St SE	City: Puyallup                      Zip: 98372
Contractor Name: Froula Alarm Systems, Inc	Phone #: 206-575-1962
Contractor Address: 861 Industry Drive	City: Tukwila                      Zip: 98188
WA License #: FROULAS802J8	Exp. Date: 04/28/24              City Business License #: 200324
Contact Person: Shea Roland	Contact Email Address: shea@froulaalarms.com
Contact Phone #: 206-575-1962	Contact Fax #:

**PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):**

Multicare GSMOB Women's Clinic, Fire alarm tenant improvement

**THE APPLICANT HEREBY MAKES APPLICATION FOR THE FOLLOWING FIRE CODE PERMIT**

Permit	Description	# of Devices or square footage	Notes/Requirements
<input type="checkbox"/> <b>Fire Sprinkler – New</b>	Installation of a New Automatic Fire Sprinkler System		Total square footage of fire sprinkler required
<input type="checkbox"/> <b>Fire Sprinkler – Tenant Improvement</b>	Tenant Improvement to Existing Fire Sprinkler System		
<input type="checkbox"/> <b>Fire Alarm System -New</b>	Installation of a New Fire Alarm System		Designed to total coverage NFPA72
<input checked="" type="checkbox"/> <b>Fire Alarm System - Tenant Improvement</b>	Tenant Improvement to Existing Fire Alarm System	3 Devices 10,000 SF	Designed to total coverage NFPA72
<input type="checkbox"/> <b>Hood Suppression</b>	New or modification of existing system		
<input type="checkbox"/> <b>Generator</b>	Backup Generator or Emergency Generator - \$265		
<input type="checkbox"/> <b>OTHER</b>			

**\*\*\*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:** *Shea Roland*                      **Date:** 08/22/23

**Print Signature:** Shea Roland                      **Email:** shea@froulaalarms.com