



City of Puyallup – Fire Prevention Department

Application for Fire Code – Construction Permit

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

Building Permit # PRCTI20230601 (in association to the fire sprinkler/alarm submittal)

Parcel #: 9810000643	Site Address: 1450 5th St SE, Puyallup, WA 98372
Owner Name: Multicare Health System	Phone #: 253-403-1000
Owner Address: 820 A St	City: Tacoma Zip: 98405
Contractor Name: Western States Fire Protection Co	Phone #: 425-881-0100
Contractor Address: 14690 NE 95th St Ste 101	City: Redmond Zip: 98052
WA License #: WESTESF785LH	Exp. Date: 12-31-2023 City Business License #:
Contact Person: Baley Norton	Contact Email Address: baley.norton@wsfp.us
Contact Phone #: 425-414-5351	Contact Fax #:

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):

A 3563 SF tenant improvement to the existing Suite 4500 for Multicare Health System

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 checked="" 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 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** ***

<input checked="" type="checkbox"/>	U.L. Certification/Third Party Acknowledgement (check box for acknowledgment)
<input checked="" type="checkbox"/>	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:	Date: 8-15-2023
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Print Signature: Baley Norton	Email: baley.norton@wsfp.us
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