



City of Puyallup – Fire Prevention Department

Application for Fire Code – Construction Permit

**333 S. Meridian
Puyallup, WA 98371
Tel: (253) 864-4182**

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

Parcel #: 9810000016	Site Address: 401 15th ave se, Puyallup
Owner Name: Multicare Health System	Phone #: 253-403-1246
Owner Address: 401 15th ave se	City: Puyallup Zip: 98372
Contractor Name: Patriot Fire Protection	Phone #: 253-926-2290
Contractor Address: 2707 70th ave east	City: Tacoma Zip: 98424
WA License #: PATRIFP099CF	Exp. Date: 11/23 City Business License #: 910109
Contact Person: Travis Mackey	Contact Email Address: Travis.Mackey@patriotfire.com
Contact Phone #: 253-361-8603	Contact Fax #: 253-922-6150

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):

Modify existing sprinklers system in Avanti Market to protect tenant improvements to walls and ceilings.

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	4	
<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 Check One*****

- U.L. Certification/Third Party Acknowledgement
- NICET Level of Fire Alarm Designer Acknowledgment

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

Signature: _____	Date: 8/21/23
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Print Signature:	Travis Mackey	Email:	Travis.Mackey@patriotfire.com
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