



# City of Puyallup – Fire Prevention Department

## Application for Fire Code – Construction Permit

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

Building Permit # 4213950E (in association to the fire sprinkler/alarm submittal)

Parcel #: 9810000644	Site Address: 1450 5th St SE. Puyallup, WA 98372
Owner Name: Multicare Health System	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):**

GSMOB 4th Floor Fire alarm tenant improvement 33 devices

**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 checked="" type="checkbox"/> Fire Alarm System -New	Installation of a New Fire Alarm System	10,000 SF	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 \*\*\***

- 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: 10/26/23

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