

City of Puyallup – Fire Prevention Department Application for Fire Code – Construction Permit

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

Parcel #: 9810000014	Site Address: 401 15th Ave SE		
Owner Name: Multicare Health System	Phone #:		
Owner Address: PO Box 4299	City: Tacoma Zip: 98415		
Contractor Name: Patriot Fire Protection	Phone #: 253-926-2290		
Contractor Address: 2707 70th Ave E	City: Tacoma Zip: 98424		
WA License #: PATRIFP099CF	Exp. Date: 10/5/24 City Business License #:0091010		
Contact Person: Matt Greene	Contact Email Address: mattg@patriotfire.com		
Contact Phone #: 253-377-2272	Contact Fax #:		

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):

Add/relocate sprinkler for TI walls and ceilings

THE APPLICANT HEREBY MAKES APPLICATION FOR THE FOLLOWING FIRE CODE PERMIT							
Permit	Description	# of Devices or square footage		Notes/Requirements			
☐ Fire Sprinkler – New	Installation of a New Automatic Fire Sprinkler System		Total square footage of fire sprinkler required				
	Tenant Improvement to Existing Fire Sprinkler System	15	NFPA #13, 2016 Ed. Light Hazard				
☐ Fire Alarm System -New	Installation of a New Fire Alarm System		Designed to total coverage NFPA72				
☐ Fire Alarm System - Tenant Improvement	Tenant Improvement to Existing Fire Alarm System		Designed to total coverage NFPA72				
☐ Hood Suppression	New or modification of existing system						
☐ Generator	Backup Generator or Emergency Generator - \$265						
OTHER							
	Selection Below Must Be C	ompleted By	Applicar	nt ~ 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: Mathafur		Date:	3/6/24				
Print Signature: Ma	tt Greene		Email:	mattg@patriotfire.com			

Print Signature:	Matt Greene	Email:	mattg@patriotfire.com