



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 #: 2092001855	Site Address: 2315 INTER AVENUE PUYALLUP WA 98372
Owner Name: CIMCO	Phone #: 2538592000
Owner Address: 2315 INTER AVENUE	City: PUYALLUP WA Zip: 98372
Contractor Name: ADT COMMERCIAL/ EVERON	Phone #: 425-219-3232
Contractor Address: 21312 30th Drive SE; Building B Suite 103	City: Bothell, WA Zip: 98021
WA License #: ADTCOCL801K6	Exp. Date: City Business License #:
Contact Person: ELAINA JENNINGS	Contact Email Address: ELAINAJENNINGS@ADT.COM
Contact Phone #: 4252193232	Contact Fax #:

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):

ADT COMMERCIAL/ EVERON TO INSTALL 42 FIRE ALARM DEVICES ON A NEW FIRE ALARM SYSTEM AT CIMCO.

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		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: ADT COMMERCIAL/ EVERON - ELAINA JENNINGS	Date: 4/17/2024
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Print Signature: ELAINA JENNINGS	Email: ELAINAJENNINGS@ADT.COM
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