

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

333 S. Meridian

P	uyallu _l	p, WA	98371
Tel: ((253)	864	-4182

Building Permit #	(in association to the fire sprinkler/alarm submittal) Site Address: 401 15th Ave SE		
Parcel #: 9810000014			
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):

Building Permit #

Add/relocate sprinkler for TI walls and ceilings. PROVIDE TEMP COVERAGE DURING CONSTRUCTION

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 s	quare footage of fire sprinkler required		
	Tenant Improvement to Existing Fire Sprinkler System	13	NFPA #13, 2016 Ed. Light Hazard			
☐ Fire Alarm System -No	Installation of a New Fire Alarm System		Design	ed to total coverage NFPA72		
☐ Fire Alarm System - Tenant Improvement	Tenant Improvement to Existing Fire Alarm System		Design	ed to total coverage NFPA72		
☐ Hood Suppression	New or modification of existing system					
☐ Generator	Backup Generator or Emergency Generator - \$265					
☐ 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: Mathefur		Date:	4/10/24			
Print Signature: M	Matt Greene		Email:	mattg@patriotfire.com		