

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 #: 9810000014	Site Address: 401 15th Ave SE Puyallup	
Owner Name: Multicare Health Systems	Phone #: 253-403-10	000
Owner Address: 14400 Metcalf Ave	City: Puyallup	Zip: 98372
Contractor Name: Johnson Controls Fire Prot	ect Phone #: 206-291-14	100
Contractor Address: 12781 Gateway Drive	City: _{Tukwila}	Zip: ₉₈₁₆₈
WA License #: 60211334	Exp. Date: 4/30/25	City Business License #: 2002191
Contact Person: Aireka Engrisei	Contact Email Address: aireka.engrissei@jci.com	
Contact Phone #: 206-492-9988	Contact Fax #: 206-889-1506	
DOTECT DESCRIPTION (TO INCLUDE TENANT NAME)	Haralic Ti	3.1 0 1

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME): Modify exsiting Fire Alarm System: emergency department Fast Track - Multicare Good Samaritan Hospital. Remove existing devices and a new as shown on sheets FA-LEV1-W and FA-LEV1-E.

THE APPLICA	NT HEREBY MAKES APPLICATI	ON FOR THE I	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	
☐ Fire Sprinkler — Tenant Improvement	Tenant Improvement to Existing Fire Sprinkler System	;		
☐ Fire Alarm System -New	Installation of a New Fire Alarm System		Designed to total coverage NFPA72	
	Tenant Improvement to Existing Fire Alarm System	13 devices	s Designed to total coverage NFPA72	
☐ Hood Suppression	New or modification of existing system			
☐ Generator	Backup Generator or Emergency Generator - \$265			
OTHER				
***Selection	on Below Must Be Completed B	y Applicant ~	Please Acknowledge BOTH REQUIRED ***	
☑ U.L. Certification/Third	Party Acknowledgement (che	ck box for ack	knowledgment)	
	m Designer Acknowledgment	(check box fo	or acknowledgment)	
I	have submitted a minimum of	three sets of	plans and calculations/cut sheets	
Signature: Bo		Date: 5/15/2024		
<u> </u>				
Print Signature: Le	vin Basseith		Email: 5/15/24 Kevin, james. barreitheisch	