



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 #: 9810000130	Site Address: 1322 3rd St SE, Puyallup
Owner Name: MultiCare Health Systems	Phone #: 253-403-1246
Owner Address: 14400 Metcalf Ave	City: Overland Park Zip: 66223-2989
Contractor Name: Smith Fire Systems	Phone #: 253-926-1880
Contractor Address: 1106 54th Ave East	City: Tacoma Zip: 98424
WA License #: SMITHFS764NB	Exp. Date: 7/3/2026 City Business License #:
Contact Person: Mark Smith / Lennie Mueller	Contact Email Address: FApemits@smithfire.com
Contact Phone #: 253-248-2051	Contact Fax #:

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):

FACP Puyallup Medical Clinic

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
☐ 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
☒ Fire Alarm System - Tenant Improvement	Tenant Improvement to Existing Fire Alarm System	3	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 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: Lennie Mueller, Smith Fire Systems Date: August 27, 2025

Print Signature: Email: lmueller@smithfire.com