



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 #:	Site Address: 401 15TH AVE SE PUYALLUP, WA 98372		
Owner Name: GOOD SAMARITAN HOSPITAL	Phone #:		
Owner Address:	City:	Zip:	
Contractor Name: SUPPRESSION SYSTEMS INC	Phone #: 253-926-3300		
Contractor Address: 3077 20TH ST E, STE B	City: FIFE	Zip: 98424	
WA License #: SUPPRSI044RR	Exp. Date:	City Business License #: 02006189	
Contact Person: NINA REEVES	Contact Email Address: NINA@SUPPRESSION.COM		
Contact Phone #: 253-926-3300	Contact Fax #:		

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):
 INSTALL NEW RELEASE PANEL FOR EXISTING CLEAN AGENT AND PREACTION SYSTEM IN THE MDF ROOM

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 type="checkbox"/> Fire Alarm System -New	Installation of a New Fire Alarm System		Designed to total coverage NFPA72
<input checked="" type="checkbox"/> Fire Alarm System - Tenant Improvement	Tenant Improvement to Existing Fire Alarm System	27	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:		Date:	
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Print Signature:	NINMA M REEVES	Email:	NINA@SUPPRESSION.COM
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