



# City of Puyallup – Fire Prevention Department

## Application for Fire Code – Construction Permit

**333 S. Meridian  
Puyallup, WA 98371  
Tel: (253) 864-4165**

**Building Permit # PRCTI20221223** (in association to the fire sprinkler/alarm submittal)

Parcel #:	Site Address: 1450 5th St. SE, Suite 3300
Owner Name: Multicare Health System	Phone #: 253-441-7904
Owner Address: 315 Martin Luther Jr. King Way	City: Tacoma, WA      Zip: 98405
Contractor Name: Fire Systems West	Phone #: 253-833-1248
Contractor Address: 206 Frontage Rd. N, Suite C	City: Pacific, WA      Zip: 98047
WA License #: FIRESWI140B1	Exp. Date: 12/31/22      City Business License #: 1094
Contact Person: Kevin Rider	Contact Email Address: kevinr@firesystemswest.com
Contact Phone #: 253-468-0703	Contact Fax #:

**PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):**

Add and relocate sprinklers for new wall and ceiling layout

**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 checked="" type="checkbox"/> Fire Sprinkler – Tenant Improvement	Tenant Improvement to Existing Fire Sprinkler System	16	
<input 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: <i>Kevin Rider</i>	Date: 11-22-2022
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Print Signature: Kevin Rider	Email: kevinr@firesystemswest.com
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