



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: 1015 39th Ave. SE PUYALLUP, WA 98374
Owner Name: Central Pierce Fire & Rescue	Phone #: 425-219-3232
Owner Address: 1015 39th Ave. SE PUYALLUP, WA 98374	City: PUYALLUP, Zip: 98374
Contractor Name: ADT COMMERCIAL	Phone #: 425-219-3232
Contractor Address: 21312 30 Drive SE, Suite 103,	City: Bothell, WA Zip: 98021
WA License #: ADTCOCL801UQ	Exp. Date: 3/31/24 City Business License #: 602805295
Contact Person: ELAINA JENNINGS	Contact Email Address: ELAINAJENNINGS@ADT.COM
Contact Phone #: 425-219-3232	Contact Fax #:

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME): ADT COMMERCIAL TO INSTALL 117 FA DEVICES ON AN EXISTING FIRE ALARM SYSTEM AT CENTRAL PIERCE AND FIRE RESCUE LOCATION.

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	117	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: ELAINA JENNINGS	Date: 2/6/2023
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Print Signature: ELAINA JENNINGS	Email: ELAINAJENNINGS@ADT.COM
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