



# 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 #: <b>0420352148</b>	Site Address: <b>815 21ST ST</b>
Owner Name: <b>CASCADE CHRISTIAN JR. HIGH</b>	Phone #:
Owner Address: <b>815 21ST ST SE</b>	City: <b>PUYALUP</b> Zip: <b>98372</b>
Contractor Name: <b>LINX INTEGRATED</b>	Phone #: <b>253-848-3036</b>
Contractor Address: <b>11409 58TH AVE E</b>	City: <b>PUYALLUP, WA</b> Zip: <b>98373</b>
WA License #: <b>602450514</b>	Exp. Date: <b>05/31/23</b> City Business License #: <b>02004150</b>
Contact Person: <b>DAVID JUSTICE</b>	Contact Email Address: <b>DAVID-J@LINXNW.COM</b>
Contact Phone #: <b>253-241-4125</b>	Contact Fax #:

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

**INSTALLATION OF NEW FIRE ALARM DEVICES FOR 3 PORTABLE CLASS ROOMS- PORTABLES 11&12**

**THE APPLICANT HEREBY MAKES APPLICATION FOR THE FOLLOWING FIRE CODE PERMIT**

Permit	Description	# of Devices or square footage	Notes/Requirements
<input type="checkbox"/> <b>Fire Sprinkler – New</b>	Installation of a New Automatic Fire Sprinkler System		Total square footage of fire sprinkler required
<input type="checkbox"/> <b>Fire Sprinkler – Tenant Improvement</b>	Tenant Improvement to Existing Fire Sprinkler System		
<input type="checkbox"/> <b>Fire Alarm System -New</b>	Installation of a New Fire Alarm System		Designed to total coverage NFPA72
<input checked="" type="checkbox"/> <b>Fire Alarm System - Tenant Improvement</b>	Tenant Improvement to Existing Fire Alarm System	<b>10-DEVICES 1- POWER SUPPLY</b>	Designed to total coverage NFPA72
<input type="checkbox"/> <b>Hood Suppression</b>	New or modification of existing system		
<input type="checkbox"/> <b>Generator</b>	Backup Generator or Emergency Generator - \$265		
<input type="checkbox"/> <b>OTHER</b>			

**\*\*\*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>David A Justice</i>	Date:	<b>07-16-2024</b>
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Print Signature:	<b>DAVID A JUSTICE</b>	Email:	<b>DAVID-J@LINXNW.COM</b>
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