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 #: 7790000566	Site Address: 402 15th Ave SE, Puyallup, WA		
Owner Name: MultiCare Health Systems	Phone #:		
Owner Address: P.O. Box 5299 MS 737-4-FSAD	City: Tacoma	Zip: 98415	
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 #: 900098	
Contact Person: Mark Smith / Lennie Mueller	Contact Email Address: lmueller@smithfire.com		
Contact Phone #: 253-248-2051	Contact Fax #:		

PROJECT DESCRIPTION (TO INCLUDE TENANT NAME):

Notification MultiCare GSH

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	138	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:**	1-14-2025
Print Signature:	Lennie L Mueller	**Email:**	FApermits@smithfire.com

Digitally signed by Lennie L Mueller
DN: C=US, E=lmueller@smithfire.com, O=Smith Fire Systems, CN=Lennie L Mueller
Reason: I am the author of this document
Location: Fife, WA
Contact Info: lmueller@smithfire.com
Date: 2025.01.14 12:10:18-08'00'