

EXTINGUISHING SYSTEMS APPLICATION – (EXTG)

In accordance with the Spokane Municipal Code and the Fire Code, no permit-required work will begin prior to the issuance of proper permits and or approvals by the Spokane Fire Department (SMC 17F.080.050). All work shall comply with all applicable codes and standards, including NFPA 2001 for the design criteria, NFPA 72 and the Spokane Municipal Code.

Submittal packet with full requirements is available from the Fire Prevention Bureau



44 W. Riverside Avenue
Spokane, WA 99201-0189
(509) 625-7000
(509) 625-7006 Fax
www.spokane-fire.org



All fields must be completed. If not applicable, please mark with N/A

Date: _____

SITE INFORMATION

BUILDING/SITE NAME:			
BUILDING/SITE ADDRESS: #	DIRECTION	STREET NAME	ZIP
MAILING ADDRESS:			

WILL THE AREA OF THIS WORK BE TENANT OCCUPIED? YES NO (If yes, fill in the information field below)

OCCUPANT / TENANT INFORMATION

TENANT NAME:			
ADDRESS:	CITY	STATE	ZIP

APPLICANT INFORMATION

BUSINESS NAME:			
ADDRESS:	CITY	STATE	ZIP
PHONE#:	FAX#:	E-MAIL:	
CONTACT NAME:			

(SUB) CONTRACTOR PERFORMING WORK

NAME:			
ADDRESS:	CITY	STATE	ZIP
PHONE#:	FAX#:	E-MAIL:	
CONTRACTORS STATE LICENSE #:		EXPIRATION:	
SPOKANE BUSINESS LICENSE #:		EXPIRATION:	

DOES THIS WORK INVOLVE MORE THAN ONE EXTINGUISHING SYSTEM? YES NO TOTAL # of Systems _____

PURPOSE: Installation Addition Alteration Repair **BID AMOUNT \$** _____
FOR THIS APPLICATION per SMC 08.02.034 (D)
ACTIVITY ONLY

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES NO

Submittal of plans and payment of fees does not imply Permission or permit by the Spokane Fire Department for project design or commencement of work.
APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING CONSTRUCTION.

TYPE OF SYSTEM: (check the one most applicable)

___ EXFM	FM200 SYSTEM	___ EXHA	HALON SYSTEM	___ EXCB	CARBON DIOXIDE
___ EXWA	WET CHEMICAL	___ EXIG	INERT GAS – OTHER	___ EXFO	FOAM
___ EXDC	DRY CHEMICAL	___ EXIN	INERGEN	___ EXOT	OTHER

Note: The issuance of a permit based upon plans specifications, data and other reports shall not prevent the Fire Prevention Bureau from thereafter requiring correction of deficiencies. Any deficiencies found during field inspection, testing, or Fire Company Surveys must also be corrected.

The completed installation shall pass a visual inspection and complete operating test of the system devices witnessed by a representative of the Fire Prevention Bureau. Please call your Fire Inspector at least 24 hours in advance to schedule inspections or tests.

Indicate the Type of Hazard to be Protected: _____

Extinguishing Agent: _____ Quantity of Agent: _____

System Coverage Area/Volume : _____

System Location: _____

Control Panel Location: _____

Initiation/Activation Devices: _____

Abort/Shut Down Location: _____

Manual Activation Location: _____

Interconnection to Fire Alarm: Y or N

Central Reporting: Y or N

PROJECT NARRATIVE:
(Including specific scope and location of work) _____

THE FOLLOWING ARE INCLUDED AND REQUIRED FOR SUBMITTAL:

included

Drawings-2 Copies Minimum (Fire Dept. retains one copy)

^{n/a} Equipment Cut-Sheets (Copies of catalog pages showing new equipment)

Calculations

PLEASE USE OUR SIGNATURE CARD ON FILE FOR PAYMENT.

PLEASE USE OUR DEBIT ACCOUNT FOR PAYMENT