

# RANGEHOOD APPLICATION – (RANG)

In accordance with the Spokane Municipal Code and the International Fire Codes, 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). **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

<b>BUILDING/SITE NAME:</b>			
<b>BUILDING/SITE ADDRESS:</b> #	DIRECTION	STREET NAME	ZIP
<b>MAILING ADDRESS:</b>			

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

## OCCUPANT / TENANT INFORMATION

<b>TENANT NAME:</b>			
<b>ADDRESS:</b>	CITY	STATE	ZIP

## APPLICANT INFORMATION

<b>BUSINESS NAME:</b>			
<b>ADDRESS:</b>	CITY	STATE	ZIP
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>	
<b>CONTACT NAME:</b>			

## (SUB) CONTRACTOR PERFORMING WORK

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

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE HOOD? YES  NO  **HOW MANY?** \_\_\_\_\_  
DOES THIS WORK INVOLVE MORE THAN ONE SUPPRESSION SYSTEM? YES  NO  **HOW MANY?** \_\_\_\_\_

**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)

\_\_\_\_\_(RAWC) Wet Chemical

\_\_\_\_\_(RADF) Deep Fat Fryer (Pre-engineered/Self Contained)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Quantity of Extinguishing Agent: \_\_\_\_\_ Name of Agent: \_\_\_\_\_

Connected to Building Fire Alarm: Y or N Required: Y or N

Multiple Hood Suppression Systems: Y or N If yes, how many? \_\_\_\_\_

# Nozzles and Type: \_\_\_\_\_

# Fusible Links: \_\_\_\_\_ Link Temperature(s): \_\_\_\_\_

**INDICATE THE HAZARD AND APPLIANCES TO BE PROTECTED:**

Appliance(s) Protected	Appliance Fuel Source
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____
_____	Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> _____

**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 witnessed by a representative of the Fire Prevention Bureau. **Please call your Fire Inspector / Deputy Fire Marshal at least 24 hours in advance to schedule inspections or tests. We make every effort to schedule testing as soon as possible; however staffing and Inspector workload will affect your ability to get a test with short notice. Good planning in advance on your part will help you get your projects finalized sooner.**

**PROJECT NARRATIVE:**

(Including specific scope and location of work) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE FOLLOWING ARE INCLUDED AND REQUIRED FOR SUBMITTAL:**

Included n/a

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

Equipment Cut-Sheets (Copies of catalog pages showing new equipment)

PLEASE USE OUR SIGNATURE CARD ON FILE FOR PAYMENT

PLEASE USE OUR DEBIT ACCOUNT FOR PAYMENT