



**FIRE ALARM APPLICATION**  
**ENUMCLAW FIRE DEPARTMENT**  
 1330 Wells St, Enumclaw, WA 98022  
 Phone: 360-825-5544 Fax: 360-825-9442  
**COMMUNITY DEVELOPMENT, BUILDING DEPARTMENT**  
 1309 Myrtle Ave Enumclaw WA 98022  
 Phone: 360-825-3593 Fax: 360-825-7232

For City Use

**All Contractors working within City of Enumclaw will need a business license**  
<http://business.wa.gov/BLS> or 1.800.451.7985

BUSINESS NAME / PROJECT NAME (IF APPLIES)		PERMIT NO:
SITE ADDRESS		PARCEL NO. REQUIRED
APPLICANT/AUTHORIZED AGENT (person/company taking out permit)		PHONE
		CELL
ADDRESS	CITY, ST , ZIP	
CONTRACTOR	PHONE	FAX
ADDRESS	CITY, ST, ZIP	
CONTRACTOR'S REG NO	EXPIRATION DATE	
CONTACT PERSON FOR PERMIT (if different than above)	PHONE	CELL
ADDRESS	CITY, ST, ZIP	
PROPERTY OWNER	PHONE	CELL
ADDRESS	CITY, ST, ZIP	

**\*PLEASE READ BEFORE SIGNING\***

I hereby certify that I have read and examined this application and know the same to be true and correct. It is the responsibility of the permittee or the person doing the work to notify the Fire Department for inspections at least twenty-four (24) hours in advance, and insure that the required inspections are made. This permit will expire if work authorized by this permit is not commenced within 180 days of the date of the permit issuance, or if the work is suspended or abandoned at any time after the work is commenced for a period of 180 days. This permit may be revoked if the work is not in conformance with all laws, rules and regulations of the City of Enumclaw. The duty to insure code conformance rests with the builder, developer or the homeowner, not the City of Enumclaw. The approval of the construction plans and inspections does not guarantee that all the provisions of the applicable codes have been met. All documents submitted to the City become public record and are available for public inspection and copying. All contractors performing work authorized by this permit shall be licensed and registered as required by state law. I herein agree to reimburse the City for the cost of professional engineers and other consultants hired by the City to review and inspect this proposal and any other related permits.

***I hereby request that the Fire Department review be done parallel with other city department reviews. I understand that review by other departments and/ or changes resulting from these reviews may result in increased or additional charges or fees.***

Owner or Owner's Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CALL 360-825-5544 FOR INSPECTIONS**



## ALARM INSPECTORS CHECK LIST

*Items do not have to be assessed in any specific order and may or may not apply to any specific system.*

Date \_\_\_\_\_ Occupancy  
Name \_\_\_\_\_

Permit# \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

Contractor \_\_\_\_\_ Phone# \_\_\_\_\_

Inspector(s) \_\_\_\_\_

- Ask to see a stamped set of plans and the cut sheets.
- Confirm that they have a logbook and it is filled out.
- Confirm that sufficient and appropriately trained personnel and their equipment are on site to conduct the test.
- Confirm that all construction work is complete and cleaned up.
- Confirm that the system is on line and not in the test mode.
- Confirm that the phone lines are installed in RJ31X jacks (two phone lines required).
- Confirm that they have a Knox Box and associated keys. Keys must be labeled. Secure Knox Box.
- Disconnect primary phone line, connect secondary phone line and continue the rest of the test with the A/C power turned off
- Disconnect AC power. Confirm that the primary power is clearly marked for location on FACP and on the breaker panel. Insure there is a lock out on the breaker.
- Disconnect the secondary phone line. Send the first signal in on primary phone line with A/C power on, and have dispatch confirm they received the alarm.
- Confirm operation and proper placement of all notification devices including Remote Annunciators.
- Confirm that both phone lines send trouble when disconnected and both lines send in alarm signal.
- Take system off line.
- Confirm that all devices are labeled with address on the exterior of the device.
- Confirm that there is an outside horn/strobe for the fire alarm system and sprinkler system (there must be two if there is a sprinkler system).
- Confirm Horn/strobe for fire sprinkler system activates on flow only
- Confirm Horn/strobes are appropriately sync'd and will silence while continuing to flash.
- Test all devices for proper operation and placement and confirm appropriate usage (all Devices must be 3 feet away from air supply & exhaust).
- Voltage drops are recorded in the alarm log book and are within speciation listed on construction documents.
- After the test is complete confirm with the monitoring company what signals they received.
- Confirm that the system is put back into normal operation, all phone lines are reconnected and the A/C power is turned back on. (FACP is clear and in normal condition).
- Document test in Fire Systems Log Book.
- Confirm that the Fire Alarm Control Room is clearly marked with a sign.
- Confirm that there is a graphic map showing all zones or addresses for detection system.
- If a alpha numeric code must be entered for a reset it must be clearly posted on or near the FACP
- Sign all permits.
- Operating, testing and maintenance instructions, record drawings ("as built") and alarm log book stored in the FACP room.

Inspector print \_\_\_\_\_ Signature \_\_\_\_\_

**CALL 360-825-5544 FOR INSPECTIONS**

**FILE TEST DOCUMENT IN ADDRESS FILE AT PUBLIC WORKS BUILDING.**



## Enumclaw Fire Department COMMERCIAL FIRE ALARM PERMIT APPLICATION SUBMITTAL REQUIREMENTS

The Enumclaw Fire Department requires fire alarms to be installed in accordance with the IFC section 907 and NFPA 72 (most current edition). Fire alarm construction documents (two sets) have to be submitted and approved prior to system installation. The Enumclaw Fire Department assesses a minimum of two hours for plan review. Construction documents shall include, but not be limited to, all of the following:

1. A floor plan that indicates the use of all rooms.
2. Locations of alarm-initiating and notification appliances.
3. Alarm control and trouble signaling equipment.
4. Annunciation.
5. Power connection.
6. Battery calculations.
7. Conductor type and sizes.
8. Voltage drop calculations.
9. Manufacturers, model numbers, and listing information for equipment, devices and materials
10. Details of ceiling height and construction.
11. The interface of fire safety control functions.

**The attached Contractors Material and Test Certificate will be completed and faxed to Randy Fehr at Enumclaw Fire Department at 360-825-9442 prior to any inspections.**



# Contractors Material and Test Certificate

## Fire Alarm and Fire Detection Systems

Yes  No – Fire Alarm System is ready for Fire Department acceptance testing.  
**Failure of test will result in termination of the testing and additional fees will be assessed.**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Installing Company: \_\_\_\_\_

Installing Contractor's Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Installers Name (PRINT): \_\_\_\_\_ License and/or Certificate: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupied As: \_\_\_\_\_ Owner or Rep: \_\_\_\_\_

Authority Having Jurisdiction: Enumclaw Fire Department Phone: 360-825-5544

General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

FACP Equipment Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

**This system has been installed, PRE-TESTED and operates in accordance with the standards listed below. This system was inspected and PRE-TESTED by: \_\_\_\_\_ on \_\_\_\_\_ and includes the devices listed below.**

\_\_\_\_\_ NFPA 72, Chapter 1, 3, 4,5,6,7 (circle all that apply)

\_\_\_\_\_ NFPA 70, *National Electrical Code. Article 760, Manufacturer's Instructions*

\_\_\_\_\_ Manufacturer's Instructions

\_\_\_\_\_ Other (Specify)

The above system is monitored by: \_\_\_\_\_ Proprietary \_\_\_\_\_ Remote \_\_\_\_\_ Central Station. Name of monitoring station is \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## Contractors Material and Test Certificate Fire Alarm and Fire Detection Systems

### EQUIPMENT INSTALLED AND TESTED:

Control Panel: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Manual Station: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Smoke Detectors: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Heat Detectors: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Duct Detectors: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Audio Devices: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Visual Devices: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Door Releases: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Trouble indicators: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Batteries: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Battery Readings: \_\_\_\_\_ Full load \_\_\_\_\_ Charge

Generator: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

HVAC Controls: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Alarm Dialer: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Annunciator: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

### SPRINKLER SYSTEM: (FIRE ALARM CONNECTIONS ONLY)

Water Flow Sw: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Tamper Sw: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

PIV: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Alarm Bell: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

W/P Strobe: \_\_\_\_\_ of \_\_\_\_\_ Make / Model: \_\_\_\_\_

Automatic Time Delay of General Alarm: \_\_\_\_\_ minutes: \_\_\_\_\_ None installed.

Do you meet audible / visible requirements of WAC 51-44 and NFPA 72? \_\_\_\_\_ Yes \_\_\_\_\_ No

Test of Alarm System on emergency power, satisfactory? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

**COMPLETELY FILL OUT THIS TEST CERTIFICATE AND FAX TO:  
Enumclaw Fire Department at 360-825-9442**