



APPLICATION FOR HOOD SUPPRESSION/ FIXED SUPPRESSION SYSTEM

Submit To:
CITY OF ENUMCLAW
 1309 Myrtle Ave
 Enumclaw, WA 98022
 (360) 825-3593
 permits@ci.enumclaw.wa.us

Follow Up To:
ENUMCLAW FIRE DEPT.
 1330 Wells St.
 Enumclaw, WA 98022
 Phone: 360-825-5544
 kmadill@enumclawfire.org

All Contractors working within City of Enumclaw will need a business license http://business.wa.gov/BLS or 1.800.451.7985			
<i>NOTE: This form must be completed, accompanied by a minimum of 3 copies of plans, specifications and applicable calculations, and submitted to Community Development at the location above.</i>			
BUSINESS NAME / PROJECT NAME (IF APPLIES)		PERMIT NO:	
SITE ADDRESS		PARCEL NO. REQUIRED	
TENANT NAME			
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	CONTRACTOR LEVEL	
CONTACT PERSON FOR PERMIT (if different than above)		PHONE	CELL
ADDRESS	CITY, ST, ZIP		
PROPERTY OWNER		PHONE	CELL
ADDRESS	CITY, ST, ZIP		
ENGINEER		PHONE	CELL
ADDRESS	CITY, ST, ZIP		
<input type="checkbox"/> NEW SYSTEM	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> UL 300	SYSTEM DESIGN NEW or ADDED <input type="checkbox"/> EXISTING <input type="checkbox"/>

Turn over to complete application

A device is defined as: A detector, fusible link, nozzle, manual pull station, or agent cylinder

- Kitchen hood # of devices _____
- Clean agent system (FM200) # of devices _____ Releasing Panel _____
- Other _____ # of devices _____ Releasing Panel _____

Description of work (be specific) _____

YOUR SUBMITTAL MUST INCLUDE OR SHOW ALL OF THE FOLLOWING:

- Three (3) copies of floor plans showing location, size of hood(s), equipment under hood(s), manual pull station extinguishing agent/actuator location
- Three (3) copies of manufacturer's specs for nozzles used specific to each piece of equipment being protected
- Three (3) copies of isometric plans showing location/type of nozzles/pipe lengths, extinguishing agent tank(s), fusible link locations
- Three (3) copies of manufacturer's specs for extinguishing agent tank size(s) with system design criteria

Note: A separate fire alarm permit is required for the connection of any fire protection system to a fire alarm system.

NOTE:

Any additional fee required by an independent plan review agency may be charged to the applicant. A valid permit and an approved set of drawings must be at the job site during installation, testing, and until final inspection is made by the City of Enumclaw Fire Department. Failure to obtain a permit prior to working on system will constitute stopping work of the job. Allow a minimum of 3 weeks for plan approval and issuance of the sprinkler permit. After all standard testing of system has been approved by the Enumclaw Fire Department, a letter of certification stating system was installed per all codes and requirements and per approved plans must be given to the fire department before final approval of system can be given.

PLEASE READ BEFORE SIGNING

I hereby certify that I have read and examined this application and know the same to be true and correct. Applications may be canceled for inactivity if an applicant fails to respond to the department's written request for revisions, corrections, actions or additional information within 90 days of the date of request, an extension may be available upon request. This application for 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. All documents submitted to the City become public record and are available for public inspection and copying. 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 represent the owner or contractor as signified above and am acting with the owner's/contractor's full knowledge or consent. Applicant agrees to comply with all conditions set forth on the issued building permit plus attachments to the permit. ***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: _____

Please Print Your Name: _____ Date: _____