APPLICATION FOR FIRE ALARM

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

BUSINESS NAME / PROJECT NAME (IF APPLIES)		**# OF DEVICES (smoke/heat/pull)::**
SITE ADDRESS		**PARCEL NO. REQUIRED**
APPLICANT/AUTHORIZED AGENT (person/company taking out permit)		PHONE CELL
ADDRESS	CITY, ST , ZIP	
EMAIL		
CONTRACTOR	PHONE	FAX
ADDRESS	CITY, ST, ZIP	
CONTRACTOR'S REG NO		EXPIRATION DATE
EMAIL		
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. 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: _____

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 builts") and alarm log book stored in the FACP room.

Inspector print _____ Signature _____

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.

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: _____

_____