



# Fire Protection System Permit Application

[125 NW Chehalis Avenue](#)  
[Chehalis, WA. 98532](#)  
[\(360\) 740-1146](#)

Permit Number: _____
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Please check permit(s) applied for:    Fire Alarm       Fire Sprinkler       Other: \_\_\_\_\_   
 Please check the Occupancy Type:    Single Family       Multi-Family       Commercial / Non-Residential   
 For Fire Sprinkler please check the type of system(s):    NFPA 13D       NFPA 13R       NFPA 13       Underground

**PLEASE SUBMIT TWO (2) SETS OF DRAWINGS AND CUT SHEETS PER NFPA STANDARDS**  
**MAXIMUM PLAN SHEET SIZE: 24" X 36"**

PROJECT DESCRIPTION	

PROPERTY INFORMATION	
Site Address:	Parcel Number:
Name of Business or Tenant:	Phone:

PROPERTY OWNER INFORMATION		
Property Owner Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail:	

APPLICANT INFORMATION		
Name:	Daytime Phone:	Cell Phone:
Mailing Address:	E-Mail:	

CONTRACTOR			
Name:	Company:	Daytime Phone:	
Mailing Address:		Cell Phone:	
Contact person (if different):		E-Mail:	
WA. St. Business License Number:	Contractor's License #: (card must be presented)	Expiration Date:	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>

STATE FIRE MARSHAL CERTIFICATION LEVEL: _____	Certificate #:	Expiration Date:
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SPRINKLER DESIGN CONTRACTOR (IF DIFFERENT FROM ABOVE)			
Name:	Company:	Daytime Phone:	
Mailing Address:		Cell Phone:	
Contact person (if different):		E-Mail:	
WA. St. Business License Number:	Contractor's License #: (card must be presented)	Expiration Date:	Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>

STATE FIRE MARSHAL CERTIFICATION LEVEL: _____	Certificate #:	Expiration Date:
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<b>VALUATION:</b> (Based on Fair Market Value for the cost of materials and installation.)	\$ _____
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**Fire Sprinkler:** Plans require the following stamps depending on the type of work. Please select the project type that is being submitted under this application.

Select	Plans Type	Stamp Requirements
	Single family residential systems utilizing NFPA 13D design criteria	Level 1, 2 or 3 Stamp
	Multi-family or similar occupancy utilizing NFPA 13R design	Level 2 or 3 Stamp
	All other systems (retail, business, storage, health care, industrial or multi-family) utilizing NFPA 13 design criteria	Level 3 Stamp
	Underground supplies including Fire Department Connections for NFPA 13R systems installed by Level 2 contractor	Level 2 Stamp
	Underground supplies including Fire Department Connections for NFPA 13 systems installed by Level 3 contractor	Level 3 Stamp
	Underground supplies including Fire Department Connections for NFPA 13R systems installed by Level U contractor	Level U Stamp <u>and</u> also stamped by Level 2 contractor or licensed professional engineer registered in the state of Washington (two stamps required).
	Underground supplies including Fire Department Connections for NFPA 13 systems installed by Level U contractor	Level U Stamp <u>and</u> also stamped by Level 3 contractor or licensed professional engineer registered in the state of Washington (two stamps required).

**Fire Alarms:**

**BMC 15.20.190 IFC Section 907 amended – Fire alarm and detection.**

(2) IFC Section 907.2, System installation, is amended by addition of the following section:  
 907.2.24 System installation. Fire alarm systems shall be installed and maintained in accordance with this code by persons under the direct supervision of individuals that have factory training and certification on the system being installed. Plans submitted for Fire Alarm System permits shall be prepared under the supervision of individuals possessing a NICET (National Institute for Certification in Engineering Technologies) Level III certification in Fire Alarm Systems; or shall be licensed by the State of Washington as a Professional Fire Protection or Electrical Engineer or certified by the State of Washington. Plans shall identify certification and/or licensing information.

**Expiration of Plan Review:** Applications for which no permit has been issued 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 the request. Applications for which no permit is issued within 18 months following the date of application shall expire and all fees paid shall be forfeited.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge, and further, that I am the owner of this property or am authorized by the owner above to perform the work for which permit application is made. I further agree to save harmless the County of Lewis as to any claim (including costs, expenses, and attorney incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the County of Lewis, but only where such claim is out of the reliance of the County, including its officers and employees, upon the accuracy of the information supplied to the County as part of this application.

Owner / Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_