



**FIRE ALARM PERMIT APPLICATION  
COMMUNITY DEVELOPMENT  
BUILDING DEPARTMENT  
1309 Myrtle Ave Enumclaw WA 98022  
360-825-3593**

**Note: All requested items in this form must be provided in order to process this application. All blanks below shall be filled in, if the blank does not apply enter NA. Thank you.**

Permit Type:    NEW CONSTRUCTION    ADDITION    ALTERATION    TENANT IMPROVEMENT

Site Address \_\_\_\_\_ APN# \_\_\_\_\_ if new construction the City will assign an address.

**OWNER OF PROPERTY**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TENANT**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Project contact person \_\_\_\_\_ Phone \_\_\_\_\_

**CONTRACTOR**

Company name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Contact person \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
State contractor license # \_\_\_\_\_

**A copy of the contractors license shall be provided when submitting this form for review and approval.**

**ENGINEER**

Company name \_\_\_\_\_ Phone \_\_\_\_\_  
Engineers name \_\_\_\_\_ Phone \_\_\_\_\_  
ID# \_\_\_\_\_ Expiration date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Provide the value of the project specific to the work for this permit: \$ \_\_\_\_\_
2. Provide three complete sets of plans, computations diagrams, and specs that may apply. Construction documents for fire protection systems shall be submitted for review and approval prior to system installation. Please note that the 2003 International Fire Code, along with the Washington State Amendments, has been adopted by the City of Enumclaw.

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code, and ordinances governing this type of construction work, including state contractor registration laws.

Owner or Agent Signature: \_\_\_\_\_ date \_\_\_\_\_



## 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.

**NOTE: All new fire alarm systems are required to be addressable systems.**



**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: \_\_\_\_\_

**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  
360-825-9442**



## 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 \_\_\_\_\_