

# Fire Protection Permit Application



*“Building A Stronger Community  
TOGETHER”*



## Community & Economic Development

Permit # \_\_\_\_\_



**CITY OF SHELTON  
FIRE PROTECTION SYSTEM PERMIT APPLICATION**

525 W Cota Street, Shelton, WA 98584  
(360) 426-9731 (360) 426-7746 (FAX)

**NOTE:** This application must be completed and accompanied by a minimum of three (3) copies of plans, specifications and applicable calculations per City of Shelton Fire Protection Standards and brought to the office of the City of Shelton Building Department. This is not a permit, and failure to submit all necessary information will cause a delay and/or rejection of your submittal. When a permit has been approved, you will be notified.

**PLEASE PRINT**

Site Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Registration Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

City Business License Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Description Of Work**

New System \_\_\_\_\_ Modification \_\_\_\_\_

Number of New Devices \_\_\_\_\_

Sprinkler: Wet \_\_\_\_\_ Dry \_\_\_\_\_

Standpipe: Wet \_\_\_\_\_ Dry \_\_\_\_\_

Automatic Fire Alarm \_\_\_\_\_

Corridor Smokes \_\_\_\_\_

Hood & Duct \_\_\_\_\_ Dry Chemical \_\_\_\_\_ Wet Chemical \_\_\_\_\_ Halon \_\_\_\_\_

**Building Square Feet (Existing/Proposed)**

1st Floor \_\_\_\_\_ / \_\_\_\_\_ / 2nd Floor \_\_\_\_\_ / \_\_\_\_\_ / 3rd Floor \_\_\_\_\_ / \_\_\_\_\_

Basement \_\_\_\_\_ / \_\_\_\_\_ / Deck \_\_\_\_\_ / \_\_\_\_\_ / #Br \_\_\_\_\_ #Bath \_\_\_\_\_

Garage \_\_\_\_\_ / \_\_\_\_\_ / Carport \_\_\_\_\_ / \_\_\_\_\_ / Including Attic: Y \_\_\_\_\_ N \_\_\_\_\_

Other: \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**Use of Building:** \_\_\_\_\_

**Does Your Submittal Include:**

- 1. Dimensions, Scale, North Arrow? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Floor Plan and Cross Sectional Elevation? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. All Concealed Spaces (Labeled Combustible and Non-Combustible?) Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. All Areas on Opposite Side of New Walls? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Cut Sheets or References for all New Devices? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Location/Description of any Existing Devices? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Battery Calculations for Fire Alarm Systems?. Yes \_\_\_\_\_ No \_\_\_\_\_
- 8. Riser/Wiring Diagram for Fire Alarm Systems? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Hydraulic Calculations for Sprinkler Systems? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** WORK MAY PROCEED ONLY IN ACCORDANCE WITH A VALID FIRE PROTECTION SYSTEM PERMIT ISSUED BY THE CITY OF SHELTON BUILDING INSPECTOR. A VALID PERMIT AND AN APPROVED SET OF PLANS MUST BE ON THE JOB SITE DURING CONSTRUCTION AND MUST REMAIN THERE UNTIL A FINAL INSPECTION IS DONE BY THE FIRE DEPARTMENT. FAILURE TO OBTAIN A VALID PERMIT PRIOR TO WORKING ON A FIRE PROTECTION SYSTEM AND/OR FAILURE TO PROVIDE THESE PLANS AND PERMIT FOR THE CITY OF SHELTON BUILDING DEPARTMENT MAY RESULT IN A CITATION AND FINE.

**OWNERS AFFIDAVIT**

I certify that I am exempt from the requirements of the Contractors Registration Law RCW 18.27, and am aware of the City of Shelton's ordinance requirements for which this permit is issued and that all work done will be in conformance therewith. No changes shall be made without first obtaining approval from the Building Department.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**CONTRACTORS AFFIDAVIT**

I certify that I am currently registered contractor in the State of Washington and I am aware of the ordinance requirements regulating the work for which the permit is issued and all work done will be in conformance therewith. No changes may be made without first obtaining approval from the Building Department.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Plan Checked By: \_\_\_\_\_ Plan Permit Fee: \_\_\_\_\_  
Permit Issued by: \_\_\_\_\_ Date: \_\_\_\_\_ Plan Check Fee: \_\_\_\_\_  
Misc.: \_\_\_\_\_  
Total: \_\_\_\_\_