



801 – 228<sup>th</sup> Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

PERMIT NUMBER								
				—				

## Fire Services Permit Application

Please bring in a CD or thumb drive with PDF's of plans and calcs at submittal.

*\*Paper plans are not necessary\**

Project Description:
----------------------

### PROPERTY

Property Address:	
City/State/Zip:	
Tax Parcel No:	Water District:
Legal Description:	Zoning:

### PROPERTY OWNER

Name:	Phone/Fax:
Mailing Address:	City/State/Zip:
Email:	Cell:

### OWNER'S AUTHORIZED AGENT/CONTACT

Name:	Phone/Fax:
Mailing Address:	City/State/Zip:
Email:	Cell:

### FIRE SERVICES CONTRACTOR

Company Name:	Phone/Fax:
Contact:	
Mailing Address:	City/State/Zip:
Email:	Cell:
State License No:	Expiration:

*I hereby certify that I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FIRE PERMIT FEES

### Fire Alarm

Tenant Improvement

# Devices:

New Alarm System

# Devices:

Other Devices

# of Transmitters:

# of Power Sub Panels:

### Commercial Fire Sprinkler

Tenant Improvement

# Devices:

New System

# Devices:

### 13 D System

# Devices:

### Other Components

Supply installed by sprinkler contractor:

Supply installed by other than sprinkler contractor:

Standpipes:

Fire Pump:

### Fire Extinguishing Systems:

- Full System
- Tenant Improvement or system modification
- Temporary membrane structures, tents and canopies
- Flammable/combustible liquid storage tank installation/removal
- Fireworks

## OVER-THE COUNTER SPRINKLER PERMIT CHECKLIST

### Scope of Work

- Yes**  **No** **Quick Response** Head Change Out: \_\_\_\_ Heads - K factor and spacing must match existing.  
No head relocations
- Yes**  **No** **Recalled** Head Change Out: \_\_\_\_\_ Heads - K factor and spacing must match existing.  
No head relocations
- Yes**  **No** Tenant Improvement/Alteration.  
Relocating \_\_\_\_\_ Heads  
Adding \_\_\_\_\_ Heads  
Capping / plugging \_\_\_\_\_ Heads

### Verify Each of the Following Required Conditions

- All work completed in accordance with applicable NFPA standards, city ordinances and / or standards
- No change of use. Previous use (if known) \_\_\_\_\_  
Proposed use \_\_\_\_\_
- Work will not change hydraulic calculations
- No moving / relocating mains or cross mains
- Limited to Light / Ordinary Hazard

### Inspection Requirements

- Plans and cut sheets (for new equipment) on site and stamped by WA State certified designer (at the appropriate level based on type of project)
- Cover Inspection of the piping prior to installation of the ceiling or ceiling tile
- Final inspection of the completed system.
- Re-inspection fees may apply if:
  - Work was not in accordance with permit application
  - Work not ready for inspection
- As built drawings

*I hereby certify that I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

### IMPORTANT APPLICANT INFORMATION

Application or construction documents will be reviewed within a reasonable time period based on the current workload. Construction documents which do not conform to the requirements of 16.05, 16.10 and 16.20 SMC will be rejected in writing, stating the reason(s).

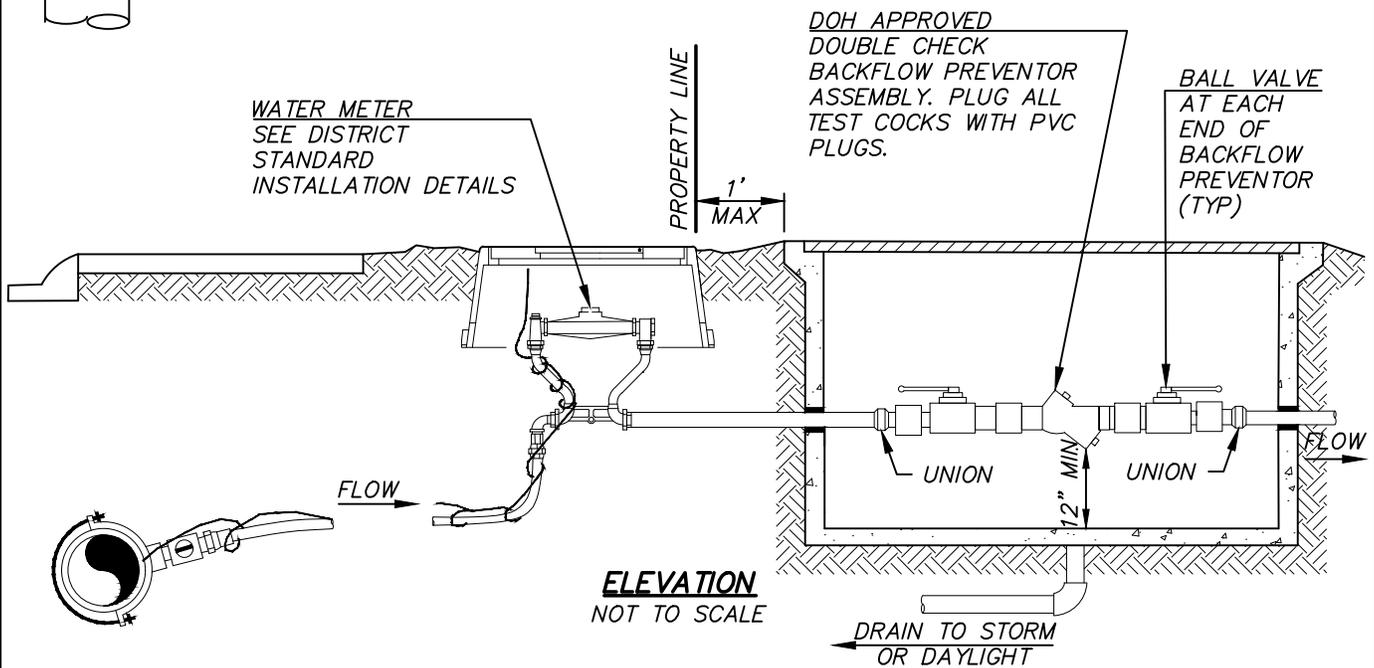
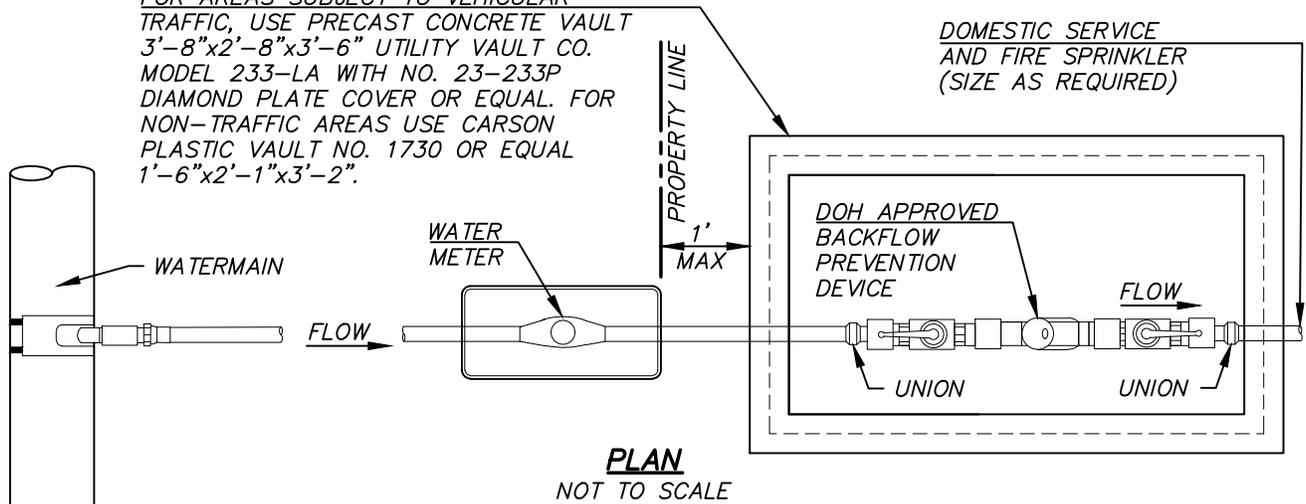
Applications for which no permit is issued within 18 months following the date of application shall expire by limitation. Applications may also be canceled for inactivity, if an applicant fails to respond to the department's written request for revisions, corrections, actions or additional information within 90 days of the date of request. The Building Official may extend the life of an application if any of the conditions listed under SMC 16.20.225 (3) exist.

The Permit Center may authorize refunding of not more than 80 percent of the permit fee paid when no work has been done under a permit issued and not more than 80 percent of the plan review fee paid when an application for a permit for which a plan review fee has been paid is withdrawn or canceled before any plan review is done. No refund shall be made for application or plan review fees where a plan review has been performed and the application is rejected in accordance with 16.20.220 SMC. The Permit Center shall not authorize refunding of any fee paid except on written application filed by the original permittee not later than 180 days after the date of application.

All provision of laws and ordinances governing this type of work shall be complied with. The granting of a permit does not presume to give authority to violate the provisions of any local, state or federal law regulation construction of the performance of construction.

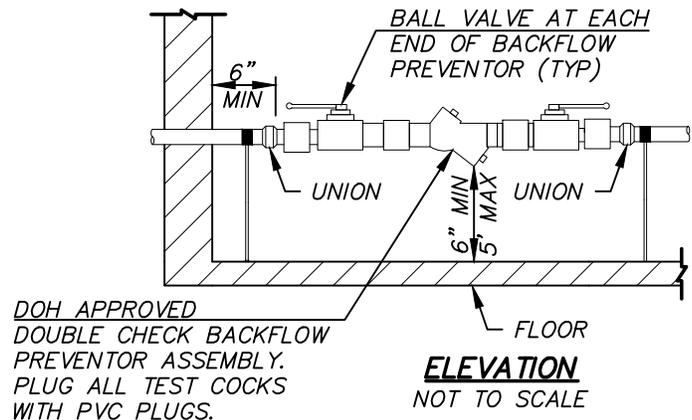
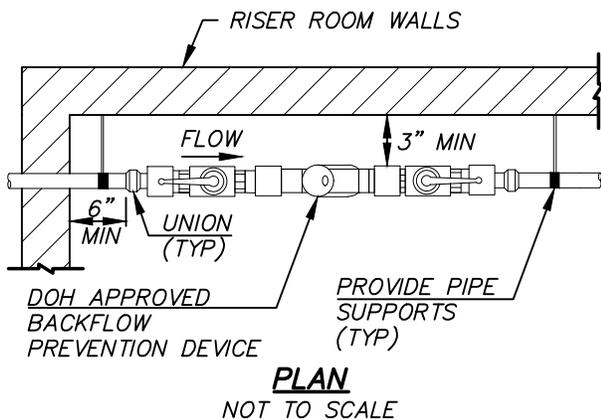
**Every permit shall expire 2 years from date of issuance. SMC 16.20.235**

FOR AREAS SUBJECT TO VEHICULAR TRAFFIC, USE PRECAST CONCRETE VAULT 3'-8"x2'-8"x3'-6" UTILITY VAULT CO. MODEL 233-LA WITH NO. 23-233P DIAMOND PLATE COVER OR EQUAL. FOR NON-TRAFFIC AREAS USE CARSON PLASTIC VAULT NO. 1730 OR EQUAL 1'-6"x2'-1"x3'-2".



**NOTE**

1. NO FENCING, GATES OR OTHER OBSTACLES SHALL BE LOCATED AS TO RESTRICT ACCESS TO METER SERVICE.
2. SEE DISTRICT STANDARDS FOR WATER SERVICE METER BOX REQUIREMENTS.



**ALTERNATE/ADDITIONAL DCVA IN RISER ROOM**

**SAMMAMISH PLATEAU WATER AND SEWER DISTRICT  
REQUIREMENTS FOR  
REQUESTS FOR WATER METERS  
TO BE USED WITH  
SINGLE FAMILY RESIDENTIAL FIRE SPRINKLERS**

The following information **must** be provided to the District for its verification that the proper backflow prevention device is being installed on the fire sprinkler system. Incomplete submittals will not be accepted for review.

In the Cities of Sammamish and Issaquah, the information should be included with the application for a permit to install a fire sprinkler system in a single-family residence, and the City will forward the information to the Sammamish Plateau Water and Sewer District for review. In unincorporated King County, the owner, builder, or fire sprinkler designer shall forward the information directly to the District.

This information must be supplied to the District prior to installation of a 1” or larger meter as a requirement for fire sprinklers. All correspondence shall reference the tax parcel number and the Building Permit number.

1. Plans showing the fire sprinkler design, including the location of the backflow prevention device. A detail showing a typical installation is enclosed for your use. A catalog cut/specification sheet of a Department of Health-approved backflow prevention device must be provided with the submittal.
2. Calculations from the Fire Sprinkler designer indicating the meter size or flow requirements (in gpm) for the fire sprinkler design.

Please note that if a water meter in excess of 1” is required for the fire sprinklers the District may require that two water meters will be installed, one for domestic use (size based on domestic requirements) and one for fire sprinklers (size based on fire sprinkler requirements).

Please note: The District will be requesting the plumbing fixture count for the residence to determine the minimum meter size required for domestic use.