

Over The Counter Sprinkler Permit

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Job Information

Job Address _____ Suite / Floor # _____
Parcel # _____ Property Owner _____
Project Name (if applicable) _____ Tenant _____
Value of Work (fair market value of labor & materials) \$ _____ Current Building Permit # _____

Contractor Information

Contractor _____ Phone _____
Address _____ City, State, Zip _____
Contractor's State License # _____
Contractor's City Business License # (required) _____
Contact Person _____ Phone _____ Fax _____
Email Address _____

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
- } **Total Heads _____ (Maximum 25 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. Not a first time tenant shell & core improvement.
- 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

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 _____

