



# CITY OF MARYSVILLE FIRE CONSTRUCTION PERMIT APPLICATION

PERMIT NUMBER: \_\_\_\_\_

What year Building/Fire Code Reviewed: _____			
<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Standpipe	<input type="checkbox"/> Special Extinguishing System
<input type="checkbox"/> Battery System	<input type="checkbox"/> L P Gas	<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> Flammable/Combustible Liquid
<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Hydrant	<input type="checkbox"/> Industrial Oven	<input type="checkbox"/> Spraying/Dipping
<input type="checkbox"/> Tent/Canopy	<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Other _____	

- Tenant Name \_\_\_\_\_
- Site Address \_\_\_\_\_
- Complex Name \_\_\_\_\_
- Type of Work:      New System ( )                      Modification ( )
- Description of Work ((be specific) \_\_\_\_\_
- Number of New or Relocated Sprinklers \_\_\_\_\_
- Central Station Monitoring Company \_\_\_\_\_ Phone: \_\_\_\_\_
- Number of plans submitted (**minimum 5 sets**): \_\_\_\_\_

Contractor: _____	Phone: _____
Address: _____	Fax: _____
State Contractor's License: _____	City License: _____

Snow Loads 25 lbs.      Seismic Zone D      Wind Speed 85 mph      Exposure "B"

### Does Your Submittal:

- Include dimensions, scale and north arrow?                      Yes( ) No ( )
- Include floor plan and cross sectional elevation?                      Yes( ) No ( )
- Show all concealed spaces (labeled combustible or non combustible?.)                      Yes( ) No ( )
- Include cut sheets or references for all devices?                      Yes( ) No ( )
- Show all areas on opposite side of new walls?                      Yes( ) No ( )
- Include location and description of any existing equipment, wiring and/or devices?                      Yes( ) No ( )
- Show where within a larger building and/or group of buildings this work will be occurring?                      Yes( ) No ( )
- Included battery calculations for all energy using equipment or devices?                      Yes( ) No ( )
- Show all PIV's, FDC and vaults?                      Yes( ) No ( )

**NOTE: ALLOW A MINIMUM OF THREE TO FOUR WEEKS FOR REVIEW PROCESS.**

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Contact (Please Print): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

<b>FOR CITY USE ONLY</b>	
Sprinkler Permit	\$50.00
Admin./Postage & Handling	
_____ heads @ \$.50 ea,	
Plan Review Fee	
State Issuance Fee	\$4.50
Total	

<p><b>To schedule fire inspections, or to ask plan review questions, contact: 360-363-8506</b></p> <p><b>To contact the fire marshal: 360-363-8508</b></p> <p><b>To contact the fire inspector: 360-363-8522</b></p>
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(Minimum Plan Review Fee: \$75.00)

**APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO AVOID ANY POSSIBLE DELAY!**