



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 (360) 754-4180
 Email: cdd@ci.tumwater.wa.us
FIRE ALARM PERMIT
Submittal Checklist

TUM -	DATE STAMP
RCVD BY	

APPLICANT INFORMATION *(please print neatly)*

NAME OF APPLICANT: _____ EMAIL: _____

SUBJECT PROPERTY INFORMATION

ADDRESS OF PROPERTY (COMPLETE): _____

In order to install a fire alarm system, you must submit a completed permit application and all items on this checklist unless modified or waived by Staff.

A. APPLICATION	N/A	Provided	Staff
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|--|--------------------------|--------------------------|--------------------------|
| 1. Provide a complete and signed (by owner or authorized representative) application and applicable fee. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Draw plans to scale of 1/4" = 1' or larger. Minimum plan sheet size is 18"x24". All notations and drawings must be clear and legible. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. FLOOR PLAN	N/A	Provided	Staff
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|--|--------------------------|--------------------------|--------------------------|
| 1. Show: | | | |
| a. Use of each room. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dimensions of buildings and rooms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Location of the Fire Alarm control panel. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Location of the annunciator panel. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Location of the Knox box. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Locations of the pull stations at exit doors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Locations of the strobe lights with their candle power. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Location of the heat detectors and smoke detectors. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Provide: | | | |
| a. Wire type and wire diagram. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Building cross-section detail showing the ceiling and roof construction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Battery and voltage drop calculations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fire sprinkler riser detail showing the location of the valve supervision and flow alarm equipment (each floor is required to have a separate flow switch). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Alarm system monitoring agency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Type and number of devices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fire Alarm Permit Submittal Checklist

C. FIRE ALARM – GRAPHIC MAP	N/A	Provided	Staff
1. Show:			
a. An outline of the building, streets and parking areas (site plan).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Building address.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. North arrow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fire department connection and hydrants, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The Fire Alarm Control Panel (FACP).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The riser room, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Building fire walls and their fire resistive ratings; i.e. one hour, two hour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Areas of evacuation assistance, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Exit doors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The words “ YOU ARE HERE ” in large, readily visible, RED letters, shall be placed on the map showing your current location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. ELECTRONIC SUBMITTAL			
1. Submitting online: Upload documents, naming them with the project address and document name (project address – application, checklist, plans, etc). <input type="checkbox"/>			
Submitting in person: USB drive containing apps, checklist, plans, reports, etc. as outlined under B and C above, in PDF-file format. Maximum format shall be 300 dpi. <input type="checkbox"/>			

I verify that all required documents associated with this application have been submitted.

Signature of Applicant/Representative

Date