



Thurston County Resource Stewardship  
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## Supplemental Application NON-RESIDENTIAL FIRE CODE – FIRE ALARM

STAFF USE ONLY	DATE STAMP
<h1 style="font-size: 48px; margin: 0;">LABEL</h1> <p style="margin: 10px 0;">PLEASE NOTE:            ALL APPLICATIONS AND SITE PLANS            MUST BE COMPLETED IN BLACK OR            BLUE INK <u>ONLY</u></p>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>Intake by:</b> _____	

**This application cannot be submitted alone. In addition to this form, a complete package includes:**

Applicant Use	SUBMITTAL CHECKLIST	Staff Use Only
<input type="checkbox"/>	Master Application.	<input type="checkbox"/>
<input type="checkbox"/>	Supplemental Checklist.	<input type="checkbox"/>
<input type="checkbox"/>	Applicable processing fees. <i>Refer to current fee schedules. Depending on the adopted fee structure, additional fees may occur if base hours/fees at intake are exhausted.</i>	<input type="checkbox"/>

Name of Project: _____
Original Building Permit Number: _____
Business Name: _____
Premise Location: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Business Owner: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
<b>Contractor:</b> _____ Company Name: _____
License #: _____ Expire Date: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Cell Phone # _____ Fax #: _____
E-mail Address: _____
Contact Person: _____ Phone #: _____
<b>Designer Name:</b> _____ Cert. #: _____ Cert. Level: _____
UL listed Fire Alarm Company Name: _____ UL listings No.: _____
Contact: _____

**FIRE ALARM PERMIT INFORMATION**

Type of Construction		System Serves Multiple Buildings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupancy Group and Division		Area of Evacuation Assistance Communications	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Number of Dwelling Units		Total Square Footage		
Occupant Load		Change of Use (Occupancy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Underwriters Laboratory System Listing Certificate # _____		Hazardous Materials Storage Include details	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Modification or New System		Exceptions Requested	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Total Number of New / Relocated Devices		High Piled Storage	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Number of Zones		New System Is Addressable	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Applicant Use	FIRE ALARM SYSTEM SUPPLEMENTAL CHECKLIST	Staff Use Only
<input type="checkbox"/>	Three (3) complete sets of plans and specs. NICET 2 or Fire-Protection Engineer stamps on all sheets. Three sets of voltage calculations. Plans shall be on standard 24" to 30" by 36" to 42" paper and shall be clearly legible regarding all pertinent information. Include dimensions, scale, and north arrow.	<input type="checkbox"/>
<input type="checkbox"/>	The Fire Alarm System shall be designed as "Total Coverage" in accordance with NFPA 72.	<input type="checkbox"/>
<input type="checkbox"/>	Include a riser diagram and wiring diagram (per floor).	<input type="checkbox"/>
<input type="checkbox"/>	Clearly indicated the use of all areas on the plans. All areas shall be shown and labeled.	<input type="checkbox"/>
<input type="checkbox"/>	Note on the face of the plans the contractually responsible parties for Monitoring, Installation and Testing, and Maintenance.	<input type="checkbox"/>
<input type="checkbox"/>	Provide a plan view schematic for each floor, showing all zones (including existing zones shown on an existing control panel, if applicable). All zones must be labeled with a unique and individual letter or number, and identified clearly as to their respective areas of coverage. The schematic shall indicate which zones are to be transmitted individually and which zones are to be grouped for transmission to the central station.	<input type="checkbox"/>
<input type="checkbox"/>	Plans shall indicate the location of the FACP and remote annunciator located on the exterior of the building with the type of weather resistant cover.	<input type="checkbox"/>
<input type="checkbox"/>	All system components shall be identified on a component schedule. Provide cut sheets for each component.	<input type="checkbox"/>
<input type="checkbox"/>	Provide a zone map detail. This zone map will be required to be mounted next to the remote annunciator in a weather resistant manner. (Example-Engraved plastic laminate). NOTE: ALL NEW FIRE ALARM SYSTEMS MUST BE ADDRESSABLE.	<input type="checkbox"/>
<input type="checkbox"/>	Proof of review and acceptance by the Designer of Record shall be provided on all plan sheets.	<input type="checkbox"/>
<input type="checkbox"/>	Calculations shall be included with plans that document <u>ANY</u> deviations from listed spacing, such as reductions for ceiling height or airflow, corridor spacing, or similar; or when otherwise called for in NFPA 72.	<input type="checkbox"/>
<input type="checkbox"/>	ALL FIRE ALARM SYSTEMS SHALL BE CERTIFIED BY UNDERWRITERS LABORATORY. Prior to final approval for the installation of any fire alarm system, the installer or owner shall provide the County with a copy of a completed application for Underwriters Laboratory Fire Alarm Certification.	<input type="checkbox"/>

**Failure to provide any of the above requested information may result in a delay of the review process or the rejection of your application**