



Thurston County Resource Stewardship
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 Email: permit@co.thurston.wa.us
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Supplemental Application NON-RESIDENTIAL FIRE CODE – SPRINKLER

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: 150px; width: 100%;"></div>
Intake by: _____	

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: _____
Required: Original Building Permit Number: _____
Business Name: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____ (If different than above)
Business Owner: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Contractor Name & WA State Level of Sprinkler Contractor: _____
License #: _____ Expire Date: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Cell Phone # _____ Fax #: _____
E-mail Address: _____
Contact Person: _____ Phone #: _____
Designer Name: _____ Cert. #: _____ Cert. Level: _____

PROJECTS ASSOCIATED WITH THIS APPLICATION:

Fire Sprinkler Permit Information

COMMERCIAL OR RESIDENTIAL		TYPE OF CONSTRUCTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OCCUPANCY GROUP AND DIVISION		Essential Facility Per Table 1604.5 2003 IBC	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NO. DWELLING UNITS				
OCCUPANT LOAD		CALCULATED OR PIPE SCHEDULE		
BLDG HEIGHT:		HAZARDOUS STORAGE Include details	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TOTAL SQUARE FOOTAGE		EXCEPTIONS REQUESTED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MODIFICATION OR NEW SYSTEM		HIGH PILE STORAGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TOTAL NO. OF NEW/ RELOCATED HEADS		CHANGE OF USE (Occupancy)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NUMBER OF RISERS				
Applicant Use	AUTOMATIC FIRE SPRINKLER SYSTEM CHECKLIST			Staff Use Only
<input type="checkbox"/>	Three (3) complete sets of plans and specs. WA State Fire Sprinkler Contractor and Certificate of Competency Holder with appropriate level stamps on all sheets of plans and front pages of calculations.			<input type="checkbox"/>
<input type="checkbox"/>	Fire Code summary: <input type="checkbox"/> Proposed Use <input type="checkbox"/> Building Construction Type <input type="checkbox"/> Occupancy Group Classification <input type="checkbox"/> Floor Area <input type="checkbox"/> Hydraulic Information: System Design (remote area, density, max area/head, and K-Factor) and Flow Test Information (Static, residual, GPM flowing, and date and time) <input type="checkbox"/> Design Method and Standard Reference.			<input type="checkbox"/>
<input type="checkbox"/>	Is the sprinkler design in accordance with NFPA 13 current edition?		YES / NO	<input type="checkbox"/>
<input type="checkbox"/>	Include a description of the hazard you are trying to provide protection for.			<input type="checkbox"/>
<input type="checkbox"/>	Include dimensions, scale, and north arrow.			<input type="checkbox"/>
<input type="checkbox"/>	Show all concealed spaces. (labeled combustible or noncombustible)			<input type="checkbox"/>
<input type="checkbox"/>	Show a site plan where this work is occurring if it is within a larger building or complex.			<input type="checkbox"/>
<input type="checkbox"/>	Include floor plan and cross sectional elevations. Fire sprinkler plans including layout, remote area, pipe size, center to center dimensions, support intervals, and bracing.			<input type="checkbox"/>
<input type="checkbox"/>	Show all areas on the opposite side of new walls. (i.e. separate tenant space)			<input type="checkbox"/>
<input type="checkbox"/>	Provide area protected by each system on each floor and number of heads on each riser per floor.			<input type="checkbox"/>
<input type="checkbox"/>	Provide locations and ratings of any specialty heads, i.e. high-temp, sidewall.			<input type="checkbox"/>
<input type="checkbox"/>	Provide riser and trim details.			<input type="checkbox"/>
<input type="checkbox"/>	Show kind and location of alarm bells.			<input type="checkbox"/>
<input type="checkbox"/>	Include cut sheets or references for all hangers, fasteners, pipe, fittings, valves, and heads.			<input type="checkbox"/>
<input type="checkbox"/>	Show hydraulic reference points on the plans that correspond with points on the calculation sheet.			<input type="checkbox"/>
<input type="checkbox"/>	Include location and description of any existing hangers, valves, piping or heads.			<input type="checkbox"/>
<input type="checkbox"/>	Is the existing system hydraulically calculated?		YES / NO	<input type="checkbox"/>
	Include a letter stating that the modifications do not change the calculations or remote area of the existing system.			
<input type="checkbox"/>	Does this submittal include a standpipe system?		YES / NO	<input type="checkbox"/>
	This system has been designed to NFPA 14, current edition.			
<input type="checkbox"/>	Does this system include in-rack sprinklers or special systems ?		YES / NO	<input type="checkbox"/>
<input type="checkbox"/>	Include fire flow letter from the water purveyor.			<input type="checkbox"/>
<input type="checkbox"/>	Include details for tamper switches required at exterior double detector check valve and riser valves.			<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