

## Commercial Fire Sprinkler Application 10 Heads or Less Only

Date of	Application	1			

FIRE	11			
Job Information				
Job Address				
Project Name				
Valuation of Work	(fair market value of labor & materials ) \$			
Contractor Information				
Contractor	Phone			
Address				
Contractor's State License Number				
Contractor's City Business License Number (Required)				
Contact Person	Phone			
Email Address				
Scope of Work				
Indicate type of work and tally heads (Maximum 10 heads)				
Tenant Improvement Alterations				
Relocating Heads + Adding Heads + Capping /plugging Heads = Total Heads				
<ul><li>All work con</li><li>Work will no</li><li>No moving /</li></ul>	Required Conditions  Inpleted in accordance with applicable NFPA standards, city ordinances and / or standards of change hydraulic calculations  I relocating mains or cross mains ight / Ordinary Hazard			
Inspection Requir	ements			
appropriate  Cover Inspect Final inspect I hereby certify that licensed contractor (	It sheets (for new equipment) on site and stamped by WA State certified designer (at the level based on type of project) If Provided ction of the piping prior to installation of the ceiling or ceiling tile tion of the completed system.  If am the owner (or the owner's authorized agent) of this property or an appropriately for the firm's authorized agent) and the installation of the work described will be lance with all applicable laws & codes, including state contractor registration laws.			

understand that failure to comply may result in revocation of any permit from this application.

Signature\_\_\_\_\_\_ Date\_\_\_\_\_