



FOR OFFICE USE ONLY
Permit #(s) _____
Date: _____

**MONROE FIRE DEPARTMENT**

163 Village Court • Monroe, WA 98272  
Phone: (360) 805-0338 • Fax: (360) 794-0959  
[www.monroefire.org](http://www.monroefire.org)

**SUBMIT TO: CITY OF MONROE PERMIT DEPARTMENT**

806 West Main Street • Monroe, WA 98272  
Phone: (360) 794-7400 • Fax: (360) 794-4007  
[www.ci.monroe.wa.us](http://www.ci.monroe.wa.us)

**Refrigeration Equipment 105.6.38**  
**OPERATIONAL PERMIT APPLICATION**

An operational permit is required to operate a mechanical refrigeration unit or system regulated by Chapter 6.

**Permit Submittal Hours Monday through Friday:**

Building, Fire & Land Use permits: 9:00 am – 12:00 pm & 2:00 pm – 4:00 pm  
**Verify Current Fee Schedule with Permit Staff Before Submitting Application**  
[http://www.monroefire.org/fire\\_marshall/forms/permit/fire\\_fee\\_schedule.pdf](http://www.monroefire.org/fire_marshall/forms/permit/fire_fee_schedule.pdf)

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS (SEE PAGE 2)**

Site Address or Property Location: \_\_\_\_\_

Size of site (acre/square feet): \_\_\_\_\_

Assessor's Tax Parcel Number (14 digits): \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

\*\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES**

\*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.\*\*Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.

Is this application a **Renewal of an Existing Operational Permit?**

**Yes - Complete this Page Only**

**No - Continue to Page 3 for Submittal Requirements**

**RENEWAL SECTION (Complete this section only if this application is a renewal of an existing operational permit)**

Permit # of Previous Operational Permit: \_\_\_\_\_

Describe all changes in the operations or hazards covered under this permit since this Operational Permit was last issued.

---

---

---

---

---

---

---

---

No Changes since Permit was last issued

**Do not complete or attach other pages. Submit pages 1 and 2 of this application as your RENEWAL application, along with current permit fees (contact Permit Department for a fee estimate). A fire inspector will contact you at your place of business to conduct an inspection of the operations or hazards covered under this permit. After a satisfactory inspection of these operations your Operational Permit will be renewed.**

FOR OFFICE USE ONLY

Plan Check Fee: \$ _____	Permit Fee: \$ _____
Fire Plan Check Fee: \$ _____	State Fee: \$ _____

# SUBMITTAL REQUIREMENTS

## OPERATIONAL PERMIT – IFC 105.6.38

---

1. Identify the refrigerant and the quantity that is contained in each refrigeration system(s).

	<u>Refrigerant</u>	<u>Qty (in lbs)</u>
SYSTEM 1		
SYSTEM 2		
SYSTEM 3		
SYSTEM 4		

2. For refrigeration systems and equipment that contain more than 220 lbs of Group A1 or more than 30 lbs of any other group of refrigerant, periodic tests shall be required. A written record of the testing shall be maintained on the premises.

Note: The refrigerant group classification can be found in the International Mechanical Code Table 1103.1.

The periodic tests shall be as follows:

The following emergency devices or systems shall be periodically tested in accordance with the manufacturer's instructions and as required by the fire code official.

- a) Treatment and flaring systems.
- b) Valves and appurtenances necessary to the operation of emergency refrigeration control boxes.
- c) Fans and associated equipment intended to operate emergency ventilation systems.
- d) Detection and alarm systems.

3. Verify that the required NFPA 704 placards are legible and in a serviceable condition.
4. Verify that the machinery room refrigerant detector audible and visual alarm is functional and has had an annual inspection by a certified person.
5. Verify that the break glass type switch designed to remove power from all equipment in the mechanical room, except for the refrigerant leak detector(s) and vent fan(s), is clearly identified and in a serviceable condition. This switch shall be located immediately outside of the Machinery room and adjacent to its principal entrance.
6. Verify that the break glass type switch used for turning on the machine room ventilation fan is clearly identified and in a serviceable condition. This switch shall be located immediately outside of the Machinery room and adjacent to its principal entrance
7. Verify that no flammable or combustible materials are stored in machinery rooms for refrigeration.
8. Verify that a plan is in place to notify the fire code official immediately when a discharge occurs that becomes reportable under state, federal, or local regulations.

9. **Verify that the written records kept of refrigerant brought into and removed from the premises is available for review by the fire code official.**
10. **Verify that all Fire Alarm systems have been tested / inspected within the last calendar year. The Fire Alarm test/inspection is good for a year from the tested date.**
11. **Verify that the Fire sprinkler system(s) have been tested / inspected within the last calendar year. The Fire Sprinkler System test/inspection is good for a year from the tested date.**
12. **Check fire extinguishers to be sure that they have been inspected and tagged by a qualified person. Certification good for one year from tagged date.**

**NOTE: A FIELD INSPECTION WILL BE PERFORMED TO DETERMINE ANY ADDITIONAL REQUIREMENTS.**