



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

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

CONSTRUCTION PERMIT APPLICATION

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

NOTE: There are / are not local amendments to the fire code that affect this permit.
Local amendments may be found at http://www.monroefire.org/fire_marshall/index.cfm

- | | |
|---|--|
| <input checked="" type="checkbox"/> Automatic Fire Extinguishing System (105.7.1) | <input type="checkbox"/> Industrial Ovens (105.7.8) |
| <input type="checkbox"/> Battery Systems (105.7.2) | <input type="checkbox"/> LP-Gas (105.7.9) |
| <input type="checkbox"/> Compressed Gases (105.7.3) | <input type="checkbox"/> Private Fire Hydrants (105.7.10) |
| <input type="checkbox"/> Fire Alarm & Detection Systems & Related Equipment (105.7.4) | <input type="checkbox"/> Spraying or Dipping (105.7.11) |
| <input type="checkbox"/> Fire Pumps & Related Equipment (105.7.5) | <input type="checkbox"/> Standpipe Systems (105.7.12) |
| <input type="checkbox"/> Flammable & Combustible Liquids (105.7.6) | <input type="checkbox"/> Temporary Membrane Structures Tents & Canopies (105.7.13) |
| <input type="checkbox"/> Hazardous Materials (105.7.7) | |

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS (SEE PAGE 3)

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.

Contractor: _____ Phone # _____

Fax #: _____

Contractor's License # _____ Exp Date _____

Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

Detailed description of proposal/work: _____

Lending Institution for project (if applicable): _____

Number of Devices:

Sprinklers: _____

Risers: _____

Braces: _____

Valves: _____

Total: _____

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Plan Check Fee: \$ _____

Permit Fee: \$ _____

Fire Plan Check Fee: \$ _____

State Fee: \$ _____

Other Fees: \$ _____

SEPA Fee: \$ _____

SUBMITTAL REQUIREMENTS

AUTOMATIC FIRE-EXTINGUISHING SYSTEM

CONSTRUCTION PERMIT – IFC 105.7.1

PART 1 – SCOPE

- 1a. Does the scope of work involve more than 3 sprinklers, valves, or pipes, OR does it involve an Alternative Automatic Fire-extinguishing system (including hood suppression system)?
- Yes – Continue to Part 3
 - No – Continue to 1b
- 1b. Does the project modify an existing wet or dry fire sprinkler system with a total demand hydraulically less demanding than the original design area?
- Yes – Continue to Part 2
 - No – Continue to Part 3

PART 2 – OVER-THE-COUNTER PERMIT

Your project qualifies for an over-the-counter permit if the scope involves an existing automatic sprinkler system and affects 3 or less sprinklers, valves, or pipes, and if scope of the project is hydraulically less demanding than the original design area. Please provide 2 wet-stamped (NICET III) floor plans, show the area and scope of work, and include these along with applicable cut sheets with this application. You will be issued an over-the-counter permit and may perform the work after permit issuance provided that it is installed in accordance with the International Fire Code and NFPA 13 (or NFPA 13D or NFPA 13R as applicable). Approval is subject to field inspection. Call for inspection after installation – See Part 4.

PART 3 – CONSTRUCTION DOCUMENTS

(These items are required in order to be considered a complete application)

REQUIRED SUBMITTAL ELEMENTS – AUTOMATIC SPRINKLER

- Three copies of a wet-stamped (NICET) scaled Floor Plan

indicating the following:

- Sprinkler Piping, lengths, diameter, and nodes
- North Arrow, Scale, and Appropriate Legend
- Fire Sprinkler, Hanger, and Bracing Locations
- Interior and exterior walls and openings
- Details of riser, hangers, and bracing
- Wet-Stamped Hydraulic Calculations OR a note on the plans indicating “ The scope of work for this project is less hydraulically demanding than the existing design area; therefore, hydraulic calculations are not provided.”

- Hydraulic demand must be at least 10psi below available supply.
- Three copies of cut sheets for all equipment, valves or sprinklers
- One copy of building construction drawings

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PART 4 – INSPECTION REQUESTS

Final approval is subject to field inspection. Following permit issuance, you may install your project. Once your project is complete in accordance with your approved plans, please call for inspection. Your permit files are not closed until the work has been approved by an inspector.

FIRE INSPECTION REQUEST LINE**360.805.0338**

Every effort will be made to accommodate same-day inspection requests made before 8am.

Fire Inspections are performed Monday through Friday, 8am until 3pm.

Provide the following information when requesting an inspection:

1. Site Address
2. Type of Inspection Requested: Construction Permit
3. Permit Number
4. Date and Time of Requested Inspection
5. Your Name
6. Callback Phone Number