



Pullman Fire Department – Bureau of Fire Prevention

190 SE Crestview St., Pullman, WA 99163
(509) 338-3148 • (509) 338-3274 • firepreventionbureau@pullman-wa.gov

CONSTRUCTION PERMIT APPLICATION

Fees are generated based on the square footage of the project as well as the size of the system(s), e.g., the number of sprinkler heads, alarm devices, and hood nozzles. Permits are issued for 180 days and expire 180 days from the date of issue. Extensions may be granted; additional permit processing fees will apply.

PROJECT SITE INFORMATION

Commercial Residential

New Permit Expired Permit Reissuance

Site Address: _____ City: _____ State: _____ Zip: _____

Business Name: _____ Complex Name: _____

Owner Name: _____ Phone: _____

Tenant Name (if applicable): _____ Phone: _____

Year of Building: _____ Occupancy Use: _____ Square Footage: _____

New System Installation Modifications to Existing System Total Cost of Project: \$ _____

Describe the Scope of Work in Detail: _____

Date Work to Commence: _____ Est. Completion Date: _____

Automatic Fire Extinguishing System No. of Sprinkler Heads: _____ IFC: 105.7.1
 Fire Alarm and Detection System No. of Alarm Devices: _____ IFC: 105.7.6
 Hood Suppression System No. of Hood Nozzles: _____ IFC: 105.7.17
 Other: _____ IFC: _____

Plan submittal shall include the Application; System Plans; Equipment Cut-Sheets; and Hydraulic Calculations (if applicable). Submissions shall be in the form of PDF, or through the Blue Beam Program

PROJECT CONTRACTOR

Contractor Business Name: _____ Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contractor License #: _____ Associated Building Permit #: _____

Name of Contractor Site Representative: _____

Cell Phone: _____ Email: _____

General Contractor Name: _____ Phone: _____

I HEREBY CERTIFY THAT ALL LAWS AND ORDINANCES GOVERNING THIS PERMIT WILL BE COMPLIED WITH, WHETHER SPECIFIED HEREIN OR NOT. I ALSO GRANT PERMISSION TO THE CITY OF PULLMAN FIRE DEPARTMENT TO PERFORM ALL INSPECTIONS AS REQUIRED AND THAT THE PERMIT(S) MAY BE REVOKED AT ANY TIME FOR VIOLATION OF THE TERMS AND CONDITIONS OF SAID PERMIT.

Signature of Owner / Authorized Agent: _____ **Date:** _____

“OFFICIAL USE ONLY”

Construction Permit & Plan Review Fee Calculations

Sprinkler System Plan Review and Permit Fee:	Alarm Detection Plan Review and Permit Fee:	Hood System Plan Review and Permit Fee:	OTHER Plan Review and Permit Fee:	Site/Plan Review Permit Fee:	Additional Review and Permit Fees:	Permit Fee Total:
\$	\$	\$	\$	\$	\$	\$

Approved By: _____ **Title:** _____
City Official

Receipt #: _____ Check #: _____ Date Rcvd: _____ Permit #: _____