



FIRE ALARM PERMIT APPLICATION

Community and Economic Development

City of Arlington • 18204 59th Ave NE • Arlington, WA 98223 • Phone (360) 403-3551

Type of Permit: <input type="checkbox"/> New Installation <input type="checkbox"/> System Modification <input type="checkbox"/> Phased Installation			
Property Address: _____		Suite No.: _____	Project Valuation: _____
Lot #: ____	Parcel ID No.: _____	Preferred Contact:	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Contractor
Project Description:			
Owner Name: _____		Phone No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address: _____	City: _____	State: _____	Zip: _____
Applicant Name: _____		Phone No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address: _____	City: _____	State: _____	Zip: _____
Contractor Name: _____		Phone No.: _____	
Email Address: _____		Cell No.: _____	
Mailing Address: _____	City: _____	State: _____	Zip: _____
L&I Contractor License Number: _____		Expiration Date: _____	

SUBMITTAL REQUIREMENTS: Provide Information on **All Equipment** to be Installed Prior to Installation
Submit electronic files of the follow:

- Complete and Scaled Plans
- Specification Sheets
- Wiring Diagrams (Point to Point Wiring)
- Electrical Plans, *if applicable*

NOTE: All Central Station Monitoring must be UL or FM listed.

FIRE ALARM SYSTEMS (105.7.3)

**** DEVICES** include separate individual portions of a Fire Alarm System such as: Initiating Devices, Notification Appliances, Flow Switch, Supervisory Switches, Magnetic Door Hold-Open Devices, Remote Annunciators, Pull Stations, Beam Detectors, and other such devices. **(Each piece is one device)**

PLAN REVIEW FEES - *shall be paid at time of application submittal*

Less than \$12,000.00 = \$200.00

\$12,000.00 & over – based on project valuation

(Plan Review Fee is 65% of project valuation per Fee Calculation Table 4-1)

REINSPECTION / PHASED INSTALLATION INSPECTIONS

Submit Phasing Plan with Application – review and approval required

REINSPECTION FEES SHALL BE PAID PRIOR TO INSPECTION			FEE	
Reinspection/Phased Installation fee is charged per hour (1 hour minimum)			\$75.00	
<input type="checkbox"/>	TENANT IMPROVEMENT OR SYSTEM MODIFICATION (NFPA 72)			
Number of Devices**	Device Fee		Subtotal	
1 to 2	\$ 75.00	=	\$	
3 to 5	\$125.00	=	\$	
6 to 10	\$175.00	=	\$	
11 to 20	\$225.00	=	\$	
21 to 40	\$300.00	=	\$	
41 to 100	\$375.00	=	\$	
101 to 200	\$475.00	=	\$	
> 200	\$500.00 plus \$50.00 per 100 additional devices (round up)			
Total Number of Devices =	\$500.00	+	\$	= \$
FACP/ TRANSMITTER Modification	\$125.00	=	\$	
			PERMIT FEE SUBTOTAL	\$

<input type="checkbox"/>	NEW COMMERCIAL SYSTEM (NFPA 72)			
Number of Devices**	Device Fee		Subtotal	
1 to 100	\$350.00	=	\$	
101 to 200	\$475.00	=	\$	
> 200	\$500.00 plus \$50.00 per 100 additional devices (round up)			
Total Number of Devices =	\$500.00	+	\$	= \$
FACP/ TRANSMITTER New	\$200.00	=	\$	
			PERMIT FEE SUBTOTAL	\$

PERMIT FEE TOTAL	\$
PLAN REVIEW FEE	\$
Processing/Technology Fee	\$25.00
TOTAL	\$

I hereby certify that I am the Owner, Applicant, Contractor, and authorized to sign this application and that the above information is correct and construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulation of the State of Washington, and the City of Arlington.

Signature

Print Name

Date