

# City of Poulsbo

Building Department

(360) 394-9882 Fax: (360) 697-8269



## Commercial Kitchen Hood Fire Suppression Permit Application

Type of Work:  New  Alteration/Replacement  Other: \_\_\_\_\_

### PROPERTY INFORMATION

Site Address: \_\_\_\_\_

Assessor ID Number: \_\_\_\_\_

### PROJECT INFORMATION

Description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Construction Value: \$ \_\_\_\_\_

### BUILDING INFORMATION

Occupancy Group(s): \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Building Height (if new/increased): \_\_\_\_\_

Existing Floor Area

1<sup>st</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_

Other: \_\_\_\_\_

New Floor Area

1<sup>st</sup> Floor: \_\_\_\_\_

2<sup>nd</sup> Floor: \_\_\_\_\_

Other: \_\_\_\_\_

Existing Fire Alarm System?  Yes  No  Not Sure

**People Information:** Complete as many entries as necessary to indicate all responsible parties: Applicant, Property Owner, contractor, etc. Use additional sheets if needed. All contractors and sub-contractors must have a valid City of Poulsbo business license.

**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_

Poulsbo Business License #: \_\_\_\_\_

**Check all that apply**  Applicant\*  Property Owner  Contractor  Other:

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor License #: \_\_\_\_\_

Poulsbo Business License #: \_\_\_\_\_

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**Check all that apply**     Applicant\*     Property Owner     Contractor     Other:

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Name: \_\_\_\_\_ Company: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Contractor License #: \_\_\_\_\_ Poulsbo Business License #: \_\_\_\_\_

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**FINANCING INFORMATION** required if project valuation exceeds \$5,000, per RCW 19.27.095 (may be deferred until issuance)

**Lender administering the construction financing or firm issuing a payment bond** (if any) on behalf of the prime contractor for the protection of the owner, if the bond is for an amount not less than 50% of the total amount of the construction project (if owner is self-financing, please indicate)

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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\*I am the owner of the property described above or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of Washington that the information on this application and all information submitted herewith is true, complete and correct. I also acknowledge that by signing the application I am the responsible party to receive all correspondence from the City regarding this project including, but not limited to, expiration notifications. If I, at any point during the review or inspection process, am no longer the Applicant for this project, it is my responsibility to update this information with the City in writing in a timely manner. I understand that this form is being submitted electronically and my typed name on the signature line will qualify as my signature for purposes of the above certification.

Owner/Agent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Submittal Requirements**

- \_\_\_ Completed Fire Suppression Permit Application
- \_\_\_ Two (2) sets of required plans
- \_\_\_ Completed plans/shop drawings checklist (pg. 3)

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## UL System

1. Size of bottle point and locations.
2. Location of manual trip.
3. Show how the system will be tied into the existing/new fire alarm system.
4. Show hood(s), exhaust duct(s), appliance(s), piping nozzles, fusible links, agent storage, and containers.
5. Show system interlocking which automatically shuts down fuel and electrical under hood.
6. Show dimensions of cooking appliances.
7. Show locations of all manual actuation devices within 20 ft. of kitchen exhaust system.
8. Show locations of all Class K fire extinguishers.
9. Provide listing (cut sheets) for wet or dry extinguishing systems indicating it meets UL listing. Other types of systems shall be listed for specific use for cooking operations.

I acknowledge that the above requirements have are included in the plan sets provided to the City of Poulsbo Building Department.

Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_