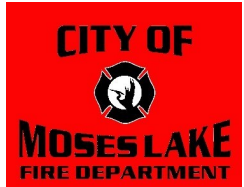


FM 200 Application

In accordance with the Moses Lake Municipal Code and the State Fire Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Moses Lake Fire Department. MLMC 16.40.010

**City of Moses Lake Fire Department
Prevention Division**
701 East Third Avenue
Moses Lake, WA 98837
(509) 764-3848 / mlfirepermits@cityofml.com



All fields must be completed. If not applicable, please mark with N/A **Date:** _____

Site Information

BUILDING / SITE NAME:	PARCEL #
BUILDING / SITE ADDRESS:	
MAILING ADDRESS:	

Occupant / Tenant Information

TENANT NAME:
ADDRESS:

Applicant Information

BUSINESS NAME:	
ADDRESS:	
PHONE#	EMAIL:
CONTACT NAME:	

Registered (Sub) Contractor Performing Testing & Programming

BUSINESS NAME:	
ADDRESS:	
PHONE#	EMAIL:
NICET LEVEL III CERTIFICATION NUMBER:	EXPIRATION:
MOSES LAKE BUSINESS LICENSE NUMBER:	EXPIRATION:

Purpose: Installation Addition Alteration Demo
Is this a replacement on an existing system? Yes No
Demo permit fee \$162.75 (bid amount not applicable)

BID AMOUNT \$ _____

For this application review only

INITIAL PLANS REVIEW FEE \$ _____

TECHNOLOGY FEE \$ _____

PERMIT FEE \$ _____

Submittal of plans and payment of fees DO NOT imply project design approval or authorize commencement of work.

APPROVED FIRE DEPARTMENT STAMPED PLANS AND A COPY OF THE ISSUED PERMIT SHALL

(continued on reverse)

PROJECT NARRATIVE: (Including specific scope, building, floor, suite, and location of work)

THE FOLLOWING ITEMS ARE REQUIRED FOR SUBMITTAL:

- Bid Documents
- NICET Level III Certification
- Equipment Specifications (cut sheet)
- Site Plan & System Design
- Permit package shall be submitted electronically

Please provide justification for the items listed above not included in this submittal package:

Suppression System	Occupancy Classification
Manufacturer:	Model:
Name of Agent:	Quantity of Agent:
Connected to Building Sprinkler System? Yes No	Connected to Building Fire Alarm? Yes No
# of Nozzles & Type	
Other Activation Device (s) Please Describe	
Room Dimensions (L x H x W)	

All work shall comply with applicable codes and standards including NFPA 2001 and the Moses Lake Municipal Code.

The completed installation shall pass a visual inspection and operational test witnessed by a representative of the fire department. Please call the permit technician with at least 24 hours notice for inspections.

I hereby acknowledge that the information I have provided is correct and I agree to comply with all State and City laws and any ordinances regulating construction. I understand and agree the City of Moses Lake Fire Department has no obligation to explain every requirement and ordinance to me prior to approval of my project. I also acknowledge by signing this application I authorize any City of Moses Lake personnel access to the property at all reasonable times to ascertain relevant information, including the current condition of the property, and perform any and all inspections.

The issuance of a permit based on plans, specifications and other data shall not prevent the Fire Marshal from thereafter requiring the corrections of the errors in said plans, specifications and other data, or preventing building operations when in violation of this code of any State or City laws, rules or regulations. The granting of this permit or an approval does not presume to give authority to violate or cancel the provisions of any other Federal, State or City laws regulating construction, the performance of construction and/or operation of the project. Every permit issued under the provision of the MLMC shall expire by limitation and become null and void if the work authorized is not commenced for a period 180 days. I hereby certify that as a contractor I am currently registered and properly licensed according to applicable state statute.

Owner/Agent _____ Date _____ Applicant _____ Date _____

(By signing as "Agent" I am signing on behalf of the owner and I have the owner's permission and authority to do so.)

For fire department use only

Permit Number _____ Date Received _____ Review fee paid _____ Permit fee paid _____

Received by _____