



## FIRE ALARM AND DETECTION SYSTEMS CONSTRUCTION PERMIT

806 WEST MAIN STREET • MONROE, WA 98272  
City Hall 360.794.7400 • Fax 360.794.4007



### SUBMITTAL REQUIREMENTS PER IFC 105.7.6

THE PURPOSE OF THIS CHECKLIST IS TO DETERMINE COMPLETENESS OF A SUBMITTAL.  
THE CHECKLIST DOES NOT VERIFY THE ACCURACY OF MATERIALS RECEIVED.

ALL PROJECTS WITHIN THE CITY OF MONROE MUST COMPLY WITH THE FOLLOWING REQUIREMENTS WHICH DIFFER FROM OR CLARIFY NFPA 72 AND THE INTERNATIONAL FIRE CODE REQUIREMENTS.

- ✓ Buildings protected with an automatic fire extinguishing system, shall have an outside BELL/STROBE provided in place of an outside HORN/STROBE.
- ✓ Buildings constructed as "spec" are done so at the risk of the building owner. Plans will not be approved unless the entire building is protected in accordance with audibility and visual coverage requirements of 2013 NFPA 72, regardless of future use of the building.
- ✓ All systems must report to either a proprietary (protected-premises) or a certified Central Station.
- ✓ Method of fire alarm communication subject to approval of Fire Marshal. System must be a managed system. Radio systems are allowed.
- ✓ Buildings over 20,000 square feet must be protected by an addressable system.

#### SCOPE OF WORK:

1. Does the project consist of adding or replacing a fire alarm control panel?

Yes - Complete the plan review required

No - Continue to question 2

2. Is the project limited to the addition, replacement, relocation, or removal of no more than 3 appliances or devices?

Yes - See Over the Counter Permit Requirements (below)

No - Complete plan review required



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### OVER THE COUNTER PERMIT REQUIREMENTS

The project qualifies for an over the counter permit if the project scope of work is the addition, replacement, relocation, or removal of less than 3 appliances or devices, none of which is an FACP.

Provide a floor plan (which meets the FLOOR PLAN REQUIREMENT - see below) of the installation location with the application showing the new or removed components and place a note on the plans indication: "Battery calculations are not adversely affected by this project and will be field verified at the time of Inspection."

An over the counter permit will be issued and you may perform the work after the permit issuance (and State Electrical Permit) provided that it is installed in accordance with the International Fire Code.

**APPROVAL IS SUBJECT TO FIELD INSPECTION**

### INSTRUCTIONS FOR APPLICATION SUBMITTAL:

Below is a checklist of items that must be submitted as part of your application for a Fire Alarm System Construction Permit. Numbers in parenthesis equal the number of copies required.

If you have any questions about what is required, or if you would like to schedule an intake appointment, please call the Permit Division at (360) 863-4527.

#### GENERAL PROJECT SUBMITTAL CHECKLIST

- (1) Original plus (1) copy of the Combined Permit Application form
- (2) Copies of the floor plan
- (2) Copies of cut sheets for the equipment, devices, etc.
- Evidence of system designer qualifications (NICET, IMSA, or factory certificate)
- Copy of UL or FM Certificate for Central Station to be utilized

#### FLOOR PLAN REQUIREMENTS

- Designer name, signature, and qualifications
- Document that system designed to 2013 Edition of NFPA 72
- Show the use of all rooms with locations of all devices, appliances and power connection
- Location of alarm-initiating devices
- Location of alarm notification appliances, including candela ratings for visible alarm notification appliance
- Location of fire alarm control unit, transponders, and notification power supplies



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- Annunciators
- Power connection
- Conductor type and sizes with full point-to-point diagram
- Voltage drop calculations
- Manufacturer, model numbers and listing information for equipment and devices
- Details of ceiling height and construction
- The interface of fire safety control functions
- Sequence of operations
- Classification of the supervising station and method of alarm signal transmission

### Adopted State Codes - Effective July 1<sup>st</sup>, 2016

The City of Monroe enforces the following Washington State Building Codes and amendments; the Washington Administrative Code (WAC) Title 51 and as amended by the Monroe Municipal Code Title 15:

2015 International Building Code (IBC)  
2015 International Existing Building Code (IEBC)  
2015 International Residential Code (IRC)  
2015 International Fire Code (IFC)  
2015 International Mechanical Code (IMC)  
2015 International Fuel Gas Code (IFGC)  
2015 Uniform Plumbing Code (UPC)  
2015 ICC Energy Conservation Code with State amendments

### Structural Design Criteria

Seismic Design Category: IRC - D1/D2 IBC - D

Basic Wind Speed: 85 mph

Exposure Category: B

Frost Depth: 18"

Snow load: 25 lbs./sq. ft.

\*A soils investigation is required for commercial projects, residential short plats and subdivisions and some instances residential lots.

The city may require additional information not specified in the submittal requirements in order to assure compliance with the Monroe Municipal Code.



**Community Development  
Permitting Division**

806 West Main Street, Monroe, WA 98272  
Phone (360) 794-7400 Fax (360) 794-4007  
[www.monroewa.gov](http://www.monroewa.gov)

<b>FOR OFFICE USE ONLY</b>
APPLICATION # _____
PERMIT # _____

## COMBINED PERMIT APPLICATION

<b>PERMIT SUBMITTAL HOURS</b> <b>MONDAY – FRIDAY 8:00 – 12:00 / 1:00 – 5:00</b>
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- | <u>Building</u>   | <u>Operations</u>                                  | <u>Fire</u>                                | <u>Land Use</u>  |
|---|--|--|--|
| <input type="checkbox"/> Commercial T/I                               | <input type="checkbox"/> Engineering Review        | <input type="checkbox"/> Fire Construction | <input type="checkbox"/> Accessory Dwelling Unit                     |
| <input type="checkbox"/> Demolition                                   | <input type="checkbox"/> Fencing                   | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation |
| <input type="checkbox"/> Garage/Carport                               | <input type="checkbox"/> Grading                   | <input type="checkbox"/> Fire Operational  | <input type="checkbox"/> Conditional/Special Use                     |
| <input type="checkbox"/> Mechanical                                   | <input type="checkbox"/> Retaining wall            | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Land Clearing/Forest Practices              |
| <input type="checkbox"/> New Construction<br>(Commercial/Residential) | <input type="checkbox"/> Rockery                   | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Planned Residential Development             |
| <input type="checkbox"/> Plumbing                                     | <input type="checkbox"/> Right-of-Way Disturbance  | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Shoreline Permit                            |
| <input type="checkbox"/> Racking                                      | <input type="checkbox"/> Special Flood Hazard Area | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Short Plat                                  |
| <input type="checkbox"/> Residential Remodel                          | <input type="checkbox"/> Utility Service           | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Subdivision/Plat                            |
| <input type="checkbox"/> Sign   | <input type="checkbox"/> Other _____               | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Variance                                    |
| <input type="checkbox"/> Other _____                                  |  |  | <input type="checkbox"/> Other _____                                 |

**NOTE: All required Electrical Permits will be issued by the Dept. of Labor & Industries.**

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS**

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.

**COMBINED PERMIT APPLICATION - PAGE 2**

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Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor's License # \_\_\_\_\_ Fax # \_\_\_\_\_

Exp Date \_\_\_\_\_ Mailing Address \_\_\_\_\_

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Contractor's Bond Company: \_\_\_\_\_

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

**DETAILED DESCRIPTION OF PROPOSAL/WORK:**

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**Number of Devices:**

**Notification Appliances:** \_\_\_\_\_

**Manual Pull Station:** \_\_\_\_\_

**FACP:** \_\_\_\_\_

**Annunciator:** \_\_\_\_\_

**Smoke Detectors:** \_\_\_\_\_

**Heat Detectors:** \_\_\_\_\_

**Monitor Modules:** \_\_\_\_\_

**Other Detectors:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Plan Check Fee (if applicable): \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Technology Fee: \$ \_\_\_\_\_