



AUTOMATIC FIRE EXTINGUISHING SYSTEM CONSTRUCTION PERMIT

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



SUBMITTAL REQUIREMENTS PER IFC 105.7.1

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

INSTRUCTIONS:

Below is a checklist of items that must be submitted as part of your application for an Automatic Fire Extinguishing 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.

SECTION I - JURISDICTION SPECIFIC REQUIREMENTS

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 involve more than 3 fire sprinklers, valves, or pipes, OR does it involve an Alternative Automatic Fire-extinguishing system (including hood suppression system)?
 - Yes - Continue to Section 4 - A complete plan review is required
 - No - Continue to question #2

2. Is the project limited to the addition, replacement, relocation, or removal of 3 or fewer fire sprinklers or components, not including a riser?
 - Yes - See Over the Counter Permit Requirements (Section 3)
 - No - Continue to Section 4 - A complete plan review is required



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SECTION 3 - OVER THE COUNTER PERMIT REQUIREMENTS

The project qualifies for an over the counter permit if the project scope of work is the additional, relocation or removal of 3 or fewer fire sprinklers or components, none of which is a riser.

Provide a FLOOR PLAN AND GENERAL SUBMITTAL REQUIREMENTS (which meet the requirements of section 4 and 5 below) with this application.

An over the counter permit will be issued and you may install the Fire Sprinkler System after the permit issuance, provided that it is installed in accordance with the 2015 International Fire Code.

APPROVAL IS SUBJECT TO FIELD INSEPCION

SECTION 4 - GENERAL SUBMITTAL REQUIREMENTS

- (1) Original plus (1) copy of the Combined Permit Application form
- (2) Copies of stamped layout drawings showing the scope and area of work and connection points.
- (2) Copies of cut sheets for fire sprinklers, valves, connectors, hanger, bracing, and risers
- (2) Copies of stamped hydraulic calculations, or a note indicating that area of work is less demanding than the existing demand area.

SECTION 5 - FLOOR PLAN REQUIREMENTS

- Original wet stamp and signature of system designer on layout drawings and calculation
- Documentation that system designed to 2013 Edition of NFPA 13, 13D, or 13R.
- Show the piping and connection of fire sprinklers.
- Distance between fire sprinklers and other sprinklers, walls, and obstructions
- Explanation of why omissions (if any) are being proposed
- Location of bracing and hangers
- Location of risers and valves

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



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ADOPTED STATE CODES - EFFECTIVE JULY 1ST, 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.



**Community Development
Permitting Division**

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

FOR OFFICE USE ONLY
APPLICATION # _____
PERMIT # _____

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS MONDAY – FRIDAY 8:00 – 12:00 / 1:00 – 5:00
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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
(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

Contractor: _____ Phone # _____

Contractor's License # _____ Fax # _____

Exp Date _____ Mailing Address _____

Contractor's Bond Company: _____

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

DETAILED DESCRIPTION OF PROPOSAL/WORK:

NUMBER OF DEVICES:

Sprinklers: _____

Risers: _____

Braces: _____

Valves: _____

Total: _____

FOR OFFICE USE ONLY

Plan Check Fee (if applicable): \$ _____

Permit Fee: \$ _____

Technology Fee: \$ _____