



Application for Plan Review for Fire Protection System

Public Works
Building and Land Use Services

City of Tacoma
Public Works Department
747 Market Street, Room 345
Tacoma, WA 98402-3769
(253) 591-5030

Submit **completed** application with a minimum of three (3) sets of plans:

Building address _____

Owner of building _____

Address _____ ZIP _____

Phone _____ Fax _____ E-Mail _____

Installing contractor _____ State Contractor License NO. _____

Address _____ ZIP _____

Phone _____ Fax _____ E-Mail _____

Contact person _____ Phone _____

Type of System			Fire Alarm Only	
Sprinkler <input type="checkbox"/>	Fire alarm <input type="checkbox"/>	Other <input type="checkbox"/>	City of Tacoma Fire Alarm License #: _____	
Type of project:			Device Count:	
New <input type="checkbox"/>	Addition <input type="checkbox"/>	Remodel <input type="checkbox"/>	Detectors _____	
Value of project: \$ _____			Pull Stations _____	
			Notification Devices _____	

Comments: _____

I hereby acknowledge that I have read this application and state that the above is correct and that I agree to comply with all City ordinances and State laws regulating building construction.

Signature _____ Date _____