

# Bellevue Fire Department

## Fire Suppression Permit Application

Please Type or Print All Information:

Date: \_\_\_\_\_

Type of System:

- Installation of a fire sprinkler system in a new building.
- Installation of a fire suppression system in an existing building.
- Repair, modification or alteration to an existing fire suppression system.
- Installation of a fire suppression system, other than a fire sprinkler system

(Indicate Below)

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

Building Name \_\_\_\_\_

Street Address of Installation: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Property Owner: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

System Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

System Contractor Project Manager:

\_\_\_\_\_

State License Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

All applicable information as outlined in NFPA and the 2018 International Fire Code along with fee payment must be received with this application prior to plan review. Installation of any portion of the system is not allowed prior to the issuance of the permit.

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Official use only: Required System: Y N

Review By: \_\_\_\_\_ Date: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_ Permit # Issued: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Make permit fee payable to "City of Bellevue" P.O. Box 825, Bellevue Id 98004 Tel. 208-788-9277 Fax 208-788-2128