

# 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



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

### Site Information

<b>BUILDING / SITE NAME:</b>	<b>PARCEL #</b>
<b>BUILDING / SITE ADDRESS:</b>	
<b>MAILING ADDRESS:</b>	

### Occupant / Tenant Information

<b>TENANT NAME:</b>
<b>ADDRESS:</b>

### Applicant Information

<b>BUSINESS NAME:</b>	
<b>ADDRESS:</b>	
<b>PHONE#</b>	<b>EMAIL:</b>
<b>CONTACT NAME:</b>	

### Registered (Sub) Contractor Performing Testing & Programming

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

<b>Purpose:</b>	Installation	Addition	Alteration	Repair	<b>BID AMOUNT \$</b> _____
<b>Is this a replacement on an existing system?</b>	Yes	No			<i>For this application review only</i>
					INITIAL PLANS REVIEW FEE \$ _____
					PERMIT FEE \$ _____
					<small>(permit fee will be collected after plans are approved)</small>

**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**

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

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**THE FOLLOWING ITEMS ARE REQUIRED FOR SUBMITTAL:**

- Application Page
- NICET Level III Certification (copy)
- Equipment Specifications (Cut Sheet)- 3 copies
- 30" x 42" or 24" x 36" Drawings —3 copies

Plans may be submitted Electronically. Two physical copies of the drawings will still be required.

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

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Booth 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					
Booth/Room Dimensions ( L x H x W)					

All work shall comply with applicable codes and standards including NFPA 2001 and the MLMC.  
 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 as defined in RCW 18.27

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 \_\_\_\_\_