



- New Application
- Local Bldg. Agent change
- Monitoring Co. change
- Service Co. change
- Bldg. ownership change

Date of Initial Application: _____

Date of Changed Application: _____



FIRE ALARM OPERATIONAL PERMIT APPLICATION

15670 NE 85TH ST
PO BOX 97010 MS: CH 1NFD
Redmond, Wa 98073-9710

Phone: 425-556-2220
Email: chartwell@redmond.gov or
lswanberg@redmond.gov

(This box for internal use only) GEO Code #: _____ GIS #: _____

Application Received Date: _____ Inspection Month of Building: _____

#of Months Invoiced: _____ Invoice #: _____ Date of Invoice: _____

Permit #: _____ Date Entered: _____ Entered By: _____

Inspection District Assigned: _____ Inspectors Name: _____

- Please print or type. All items must be completed. **Please mail the Original copy of the signed application to the above address.**
- **DO NOT return the application by FAX.** Applications received incomplete will cause a delay in the processing.
- **"NEW" APPLICATIONS:** A Permit Fee **will be invoiced** on all completed **"NEW"** applications. This initial fee may be a prorated amount depending on when the application is received. Please **DO NOT** send payment with the initial application.
- The Permit will be issued to the **Local Building Agent** upon receipt of payment.
- All Fire Alarm Operation Permits EXPIRE DECEMBER 31st of the year issued.
- **"CHANGED" APPLICATIONS:** If the Local Building Agent, Fire Alarm Service Company, or Monitoring Company changes during the effective dates of the permit, the **Local Building Agent** shall immediately notify the City by submitting a new Application with the **"date of the changed application"** & the appropriate **"change boxes"** checked, indicating what kind of change is being made. A "Permit Change Fee" of \$50 will be required and should be remitted along with the updated **"CHANGED"** application and proof of UL listing if Company changed.
- Permits are not transferrable with new building ownership. The new owner must submit a **"NEW"** application. Our office must be notified immediately of building ownership changes.

Building Name: _____

Property Address of Building: _____

Local Building Agent Name: _____ (Responsible **PERSON** for building Life Safety Systems)

Building Agent Phone #: _____ **Email:** _____

Mailing Address for the Local Building Agent: _____

We would like to verify that we have the correct Billing information on your account to avoid misdirection of the invoice.

Billing Contact Company: _____ **Billing Contact Person:** _____

Billing Phone #: _____ **Billing FAX #:** _____ **Billing Email:** _____

Billing Mailing Address: _____

Fire Alarm Service Company: _____ (Must be Listed, UL, FM, ETL)

UL / FM Listing #: _____ **Date of Listing:** _____ **Date of Expiration:** _____

Phone #: _____ **Email:** _____

Monitoring Company: _____ (Must be UL Listed Central Station)

Phone #: _____ **Email:** _____

Runner Service: _____ **Phone #:** _____

Maintenance Service Provider: _____ **Phone #:** _____

Testing Company: _____ **Phone #:** _____

Description of Fire Alarm System by the Fire Alarm Service Company

Type of Panel and Transmission Method:

Main Fire Alarm Control Panel: _____ Transmission: _____

of Notification devices: _____ # of Initiating devices: _____ # of Ancillary devices: _____

(The number of devices need to be entered in all three (3) types even if it is 0)

PERMIT SHALL BE POSTED WITHIN 3 FEET OF THE FIRE ALARM CONTROL UNIT

Declaration by Fire Alarm Service Company:

I _____ declare under penalty of perjury under the laws of the State of Washington and the United States of America that; (a) the Fire Alarm System described in this permit complies with NFPA 72 as installed and we have completed required testing or we have verified that the system is current with confidence testing per NFPA 72 and we are not aware of any compliance issues; (b) all elements of Central Station service are in place and in compliance with NFPA 72 (2007 edition); (c) all testing and service are up to date as of the date of my signature; (d) my company is listed or has been listed within the last 3 years.

Signed: _____ Company Name: _____

Place of Signing (City, State): _____ Date: _____

Declaration by Building Agent:

I _____ declare under penalty of perjury under the laws of the State of Washington and the United States of America that; (a) I am the owner or authorized agent of the owner of the building described in this permit; (b) in the event of an emergency at the building described in this permit, I hereby authorize City of Redmond Fire Department personnel to request a fire alarm technician/runner to respond to the scene, and (c) as the agent of the owner, I am authorized to grant such authorization to the City.

Signed: _____ Company Name: _____

Place of Signing (City, State): _____ Date: _____

15670 NE 85TH St. ♦ P.O. Box 97010 ♦ Redmond, WA 98073 ♦ FAX (425) 556-2272 ♦ PHONE (425) 556-2220