



# Fire Alarm Operational Permit Application Form



**Physical**  
15670 NE 85th St  
Redmond, WA 98052

**Mailing**  
PO Box 97010  
MS: 2SFD  
Redmond, WA 98073

**Phone:** (425) 556-2220  
**Email:** LifeSafetyInspection@redmond.gov

- Please print or type (preferred). All items must be completed or marked as not having changed.
- Permits will expire at the end of the calendar year.
- **Permit Fees:** Please do not send payment with the initial application.
  - *New Permits:* \$100.
  - *Updates After Permit Has Been Issued:* \$50. Please include proof of third-party listing if central station service provider changes. If the ownership of a building changes, the new owner must submit an application form for a new permit and notify Redmond Fire Prevention of ownership changes.
- The permit will be issued to the local building agent and the billing contact upon receipt of payment.
- Please fill out one form for each transmitter in your building/complex.

### Building Information (Required)

*Building Name(s) or Complex/Campus:* \_\_\_\_\_

*Building Address:* \_\_\_\_\_ Redmond, WA, 98052

### Building Agent Information

No changes

*Building Agent:* \_\_\_\_\_ *Building Agent Company:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

*Building Agent Mailing Address:* \_\_\_\_\_

### Billing Information

No changes

*Billing Contact:* \_\_\_\_\_ *Billing Contact Company:* \_\_\_\_\_

*Billing Phone:* \_\_\_\_\_ *Billing Email Address:* \_\_\_\_\_

*Billing Address:* \_\_\_\_\_

### Fire Alarm Vendor Information ("FASC" = fire alarm service company)

No changes

**Fire Alarm Service Company** (Must be UL [UUF]-, FM-, or ETL-listed): \_\_\_\_\_

*Listing #:* \_\_\_\_\_ *Listing Date:* \_\_\_\_\_ *Exp. Date:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

**Runner Service Provider:**  Same as FASC \_\_\_\_\_ *Phone:* \_\_\_\_\_

**Maintenance Service Provider:**  Same as FASC \_\_\_\_\_ *Phone:* \_\_\_\_\_

**Testing Company:**  Same as FASC \_\_\_\_\_ *Phone:* \_\_\_\_\_

**Monitoring Company** (Must be UL UUF-listed):  Same as FASC \_\_\_\_\_

*Phone #:* \_\_\_\_\_ *Email:* \_\_\_\_\_

**Main Fire Alarm Control Panel**

Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Transmitter Type:       Cellular       Direct Wire       Internet       Phone Line       Radio

**General System Information** (If none, please write "0" in the field)

# of notification devices: \_\_\_\_\_ # of initiating devices: \_\_\_\_\_

# of ancillary devices: \_\_\_\_\_

**Additional Fire Alarm Control Panels** (If applicable)

Please list the addresses of any other fire alarm control panels that use the transmitter described above.

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

Address 4: \_\_\_\_\_

**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 (2010 edition) 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 (2010 edition); (c) all testing and service is up-to-date as of the date of my signature; and (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: \_\_\_\_\_

(For internal use only)

Permit #: FIRE- \_\_\_\_\_ GIS #: \_\_\_\_\_ Entered By: \_\_\_\_\_

Application Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Invoice #: \_\_\_\_\_ Date Invoiced: \_\_\_\_\_ # of Months Invoiced: \_\_\_\_\_

Permit Validity: \_\_\_\_\_ - \_\_\_\_\_