FIRE SPRINKLER SYSTEM
QUICK START PERMIT APPLICATION

FOR STAFF USE ONLY	
DEV _____	Date: _____
PRJ _____	App expires:_____
F_____	Accepted by: _____
Type: _____	Payment method: _____

The **Quick Start Permit** application shall be used for modification of 25 or less heads in an existing system and for modification of an existing system that does not change the hydraulic calculations and is not located in the most remote area

Permit fees paid at time of application are **NON-REFUNDABLE**
(Total fee due at application)

Project Name/tenant _____   Bldg Permit #_____

Site Address _____   Unit/Bldg/Suite # _____

Complex Name _____   Tax Parcel # _____

Contractor Name _____   Phone _____

Contact Name _____   Fax #_____

Business Address _____   City _____ State _____ Zip _____

State License Number_____   State License Expiration Date: _____

e-mail address_____   Redmond Business License #_____

SCOPE OF WORK

Modification to Existing System(s):

Number of heads added, deleted or relocated _____

Existing heads being replaced by quick-response or recalled heads: Yes___ No___ If yes, # of head: _____

Description of work_____

_____

_____

THIS SUBMITTAL IS REQUIRED TO INCLUDE:

- ❑ One (1) copy of stamped plans
- ❑ One (1) copy of manufacturers specification sheets on all equipment to be used
- ❑ Proposed zone map

- ❑ Applicable calculations
- ❑ The following information:
  - • Hazard Class_____
  - • Minimum Density/Area for system (gpm/sq.ft.) _____

(Zone map requirements can be found at www.redmond.gov/prevention under "Quick Links" Forms & Fire Codes/Standards)

Note: Submittals must include all items identified in the Fire Department Standards. Failure to provide any necessary information may result in rejection of your application.

The below signed automatic sprinkler system designer declares that the modification proposed on this system is in compliance to NFPA 13 (2002 edition) and Redmond Fire Department Standard 5.00 – Fire Sprinkler Systems. The designer must be a minimum of NICET level 3 and this form must be stamped with the State of Washington Certification.

I verify that I designed or directly supervised the design of this sprinkler submittal and I verify that submittal requirements are accurate and true to the best of my knowledge.

STATE CERTIFICATION STAMP

DESIGNER NAME	PHONE	DESIGNER SIGNATURE

APPLICANT PRINT NAME	PHONE	APPLICANT SIGNATURE

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