Fire Alarm Operational Permit Application Form

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

This form is required for new fire alarm operational permits and changes in vendors for existing fire alarm operational permits. Please type in the information requested in the fields below, then print the form and obtain signatures for the declarations on page 2. A copy of the completed form will need to be uploaded to the *Fire Alarm Operational Permit – Change in Vendor* or Fire Alarm submissions on The Compliance Engine (http://www.thecomplianceengine.com). Once reviewed and approved, both the local building agent and the fire alarm service company (prime contractor) will receive a copy of the new fire alarm operational permit.

For existing systems with no changes in either the system or responsible parties, please resubmit the most recent form.

Permit Fees: Fees will be collected with the payment for submissions of confidence test reports to The Compliance Engine.

New Permits: $100 *Updates:* No charge *Annual Renewals:* $100

Please provide a completed form for each system* in your building/complex. The building information should correspond to the information for the building where the transmitter is. If additional buildings are linked to this transmitter, please include each building's address in the *Additional Fire Alarm Control Panels* section.

*A system is defined as a transmitter for a fire alarm control panel and the associated panels and devices.

Building Information (Required)

Building Name(s) or Complex/Campus: _____

Building Address: _____ Redmond, WA, 98052

Building Agent Information ☐ No changes

Building Agent: _____ *Building Agent Company:* _____

24-Hour Phone: _____ *Email Address:* _____

Building Agent Mailing Address: _____

Fire Alarm Vendor Information ("FASC" = fire alarm service company) ☐ No changes

Fire Alarm Service Company (Must be UL UUFX-, FM-, or ETL-listed)**:** _____

Listing #: _____ *Listing Date:* _____ *Exp. Date:* _____

24-Hour Phone: _____ *Email Address:* _____

Runner Service: ☐ Same as FASC _____ *24-Hour Phone:* _____

Maintenance Service: ☐ Same as FASC _____ *Phone:* _____

Testing Company: ☐ Same as FASC _____ *Phone:* _____

Monitoring Company (Must be UL UUFX-listed)**:** ☐ Same as FASC _____

24-Hour Phone #: _____ *Email:* _____

Fire Alarm System Information (To be filled out by the fire alarm service company) ☐ No changes

Main Fire Alarm Control Panel

Brand: _____ *Model:* _____

Transmitter Type: ☐ Cellular ☐ Direct Wire ☐ Internet ☐ Phone Line ☐ Radio

Code Year Under which System was Installed (if known): _____

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 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; (c) all testing and service is up-to-date as of the date of my signature; and (d) my company is listed by a national listing company.

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:* _____