

# Fire Alarms, Fire Protection and Fire Sprinklers (FRI)

Submit to: [eplans@cityofvancouver.us](mailto:eplans@cityofvancouver.us)

Questions? 360-487-7833 | [ePlans](#)



| TYPE OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                 |                                                                  |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Cooking Hood/Duct Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Fire Pump                                                                                          | <input type="checkbox"/> Smoke Control System   | <input type="checkbox"/> Fire Alarm                              | <input type="checkbox"/> Fixed Fire Protection System |
| <input type="checkbox"/> Fire Sprinkler Combo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> ERRC – Fire Alarm                                                                                  | <input type="checkbox"/> Fire Sprinkler         | <input type="checkbox"/> Standpipe System                        | <input type="checkbox"/> Underground                  |
| OCCUPANCY TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                 |                                                                  |                                                       |
| <input type="checkbox"/> Commercial 3 stories or less                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Commercial over 3 stories                                                                          | <input type="checkbox"/> Church without Kitchen | <input type="checkbox"/> Multi-Family 3 stories or less          |                                                       |
| <input type="checkbox"/> Multi-Family over 3 stories                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Office                                                                                             | <input type="checkbox"/> Residential            | <input type="checkbox"/> Restaurant                              | <input type="checkbox"/> School                       |
| JOB SITE LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                 |                                                                  |                                                       |
| Project Site Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             | Suite #:                                        | Parcel #(s):                                                     |                                                       |
| Project Name or Tenant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             | Related to Building Permit Number:              |                                                                  |                                                       |
| DESCRIPTION OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                 |                                                                  |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                                                 |                                                                  |                                                       |
| SCOPE OF WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                             |                                                 |                                                                  |                                                       |
| Valuation: (cost of material and labor)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                 |                                                                  |                                                       |
| FIRE SPRINKLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             |                                                 |                                                                  |                                                       |
| <input type="checkbox"/> New System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Category 3 (TI)                                                                                    | <input type="checkbox"/> Category 4 (TI)        | * Category 1 or 2 use <a href="#">Fire Affidavit Application</a> |                                                       |
| Number of Heads:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | System Additions: <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Antifreeze <input type="checkbox"/> Pre-action |                                                 |                                                                  |                                                       |
| UNDERGROUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                                 |                                                                  |                                                       |
| Number of Fire Pumps:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Number of Stand Pipes:                                                                                                      | Number of Underground Laterals:                 |                                                                  |                                                       |
| FIRE ALARM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                                 |                                                                  |                                                       |
| Number of Devices:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Major                                                                                              | <input type="checkbox"/> Minor Category 2       | *Minor Category 1 use <a href="#">Fire Affidavit Application</a> |                                                       |
| COOKING HOOD/DUCT PROTECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                                 |                                                                  |                                                       |
| Number of cooking hood/duct protection:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                 |                                                                  |                                                       |
| CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             | OWNER                                           |                                                                  |                                                       |
| Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                             | Name:                                           |                                                                  |                                                       |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             | Address:                                        |                                                                  |                                                       |
| City/State/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             | City/State/Zip:                                 |                                                                  |                                                       |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             | Email:                                          |                                                                  |                                                       |
| Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                             | Phone:                                          |                                                                  |                                                       |
| WA State License #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                 |                                                                  |                                                       |
| Current City of Vancouver Endorsement? <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |                                                 |                                                                  |                                                       |
| ELECTRONIC PLANS SUBMITTER (Required) Responsible for ePlans uploading and correspondence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                                 |                                                                  |                                                       |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             | Phone:                                          |                                                                  |                                                       |
| Email (Required):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             |                                                 |                                                                  |                                                       |
| Address/City/State/Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                             |                                                 |                                                                  |                                                       |
| REQUIRED SIGNATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                             |                                                 |                                                                  |                                                       |
| <p><small>A complete application form, submittal documents and required information as set forth in VMC 17.08.100 must be submitted to obtain a permit. If it is determined that the application is not complete and/or the application fees have not been paid, the City may reject the application and plan review will not begin. It is the responsibility of the applicant/owner to comply with all private conditions, covenants and restrictions (CC&amp;R's) associated with this property. As evidenced by my signature below, I/we agree that City of Vancouver staff has my/our full permission to enter upon the subject property at any reasonable time to consider the merits of the application, to take photographs and to post public notices.</small></p> |                                                                                                                             |                                                 |                                                                  |                                                       |
| Applicant Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |                                                 | Date:                                                            |                                                       |