



**FACILITIES PERMIT
APPLICATION FOR PERMIT TO INSTALL FIXED SYSTEM**
1900 SW 4th Ave. Portland, OR 97201
(503) 823-3718



VALUATION OF WORK: \$ _____ DATE: _____

**PLANS MUST BE SUBMITTED TO THE FIRE PREVENTION DIVISION AND APPROVED BEFORE
INSTALLATION.
LISTED FIRE EXTINGUISHING SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH THE TERMS OF
THEIR LISTING AND MANUFACTURERS' INSTRUCTIONS.**

Location:
Building Name: _____ Occupied as: _____
Address: _____ Portland, OR Zip _____
Suite # _____ Levels (#) _____
Building/Facilities Permit No.: _____ Appeal No.: _____

Installation	Coverage	System Type	Shut Off
<input type="checkbox"/> New	<input type="checkbox"/> Hood/vent	<input type="checkbox"/> Wet Chem	<input type="checkbox"/> Gas
<input type="checkbox"/> Addition	<input type="checkbox"/> Paint Booth	<input type="checkbox"/> Dry Chem	<input type="checkbox"/> Electrical
<input type="checkbox"/> Alteration	<input type="checkbox"/> Computer Room	<input type="checkbox"/> Inergen	<input type="checkbox"/> Water
<input type="checkbox"/> Remove	<input type="checkbox"/> Other _____	<input type="checkbox"/> FM 200	
<input type="checkbox"/> Repair		<input type="checkbox"/> Halon	
		<input type="checkbox"/> CO2	

Total Work Area _____ sq ft Total No. Of Nozzles _____ No. Of Systems _____

If applicable: Flow points Used: _____ / Flow points available: _____

Description of Work: _____

Installing Company Information:

Applicant Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Phone/Fax: _____

Owner Information:

Name: _____
Phone/Fax: _____
Mail permit to: _____
Address: _____
City, State, Zip: _____

NAME OF APPLICANT	SIGNATURE	/ /
NAME OF INSPECTOR	SIGNATURE	/ /
		DATE
		DATE

Facilities Permit
Submittal Requirements for Fixed Systems

Scope: Fire permits for work associated with a Facility Permit Project. Fees will be billed monthly.

- 1. Permit application.**
- 2. Two sets of plans to include:**
 - A.** Complete drawing of installation to scale in relation to other appliances and or equipment.
 - B.** Dimensions to all applicable parts of the system.
 - a.** Duct size
 - b.** Plenum size
 - c.** Appliance and or equipment dimensions
 - C.** Proximity distances between nozzles and appliance and or equipment being protected.
 - D.** Location of remote pull station.
 - E.** Pipe size
 - F.** Piping diagram
- 3. Wet Chemical, provide A – D, plus F:**
 - A.** Bottle size
 - B.** Maximum flow points per bottle
 - C.** Flow points used
 - D.** List of nozzles, how many of each, and flow points used per nozzle
 - E.** Separation of 16 inches between deep fat fryers and appliances producing open flame or 8” splash guard
 - F.** Location of fuel and/or electrical shut-off
 - G.** Six inch clearance from all appliances to outside edge of canopy hoods
- 4. Dry Chemical, provide A - C, plus E:**
 - A.** Total cubic feet covered
 - B.** Cubic feet of coverage per nozzle
 - C.** Location of all door and air interlock devices.
 - D.** Demonstrate proof of balanced system.
 - E.** Provide information of ventilation shut down or duct damper.
- 5. Please include relevant appeal information.**

For questions, contact the permit office at 503-823-3718.

Submit plans to: Facilities Program
 Bureau of Development Services
 1900 SW 4th Ave – 5th Floor
 Portland, OR 97201