

# Portland Fire & Rescue Facilities Permit Application – Fixed System 1900 SW 4<sup>th</sup> Avenue, Portland, OR 97201 PHONE: 503.823.3712



VALUATION OF WORK: \$ DATE:		PERMIT #:	
	system shall be installed in	vention division and approve accordance with the terms on nstructions.	ed before installation. of their listing and manufacturers'
Location:			
Building Name:		Occupied as:	
Address:		Portland, OR Z	/ip
Suite # Levels (#			
Building Work Permit #			
Installation New Addition Alteration Remove Repair	Coverage Hood/vent Paint Booth Computer Room Other	System Type  Wet Chem Dry Chem Inergen FM 200 Halon C02	Shut Off  Gas Electrical Water
		Nozzles: ow points available:	No. of Systems:
Installing Company Information: Applicant Name: Company Name:		Installer Certificate of Fitness Information  Same as Applicant  Yes Cert #:  No (complete information below)	
Address:		Name:	
City, State, Zip:		Cont #:	
Phone:Email:		Cert #:Phone:	
Applicant Name		Signature	Date
Inspector Name		Signature	Date

# Facilities Permit Submittal Requirements for Fixed System

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 503-823-3712.

Submit plans to: Facilities Program

Bureau of Development Services 1900 SW 4<sup>th</sup> Ave – 3<sup>rd</sup> Floor Portland, OR 97201