



Building Permit # _____

Date Rec'd _____

**FIRE SPRINKLER AFFIDAVIT FOR ALTERATIONS OR TENANT IMPROVEMENTS
(1 to 10 sprinkler heads without plans)**

Project Name: _____	Occupancy: _____
Job Address: _____	Type of Construction: _____
Suite: _____	
Contractor: _____	Phone: _____
Number of proposed or altered heads: _____	
Type: WET Hazard: LIGHT Density: .10gpm	

I, _____ WA State Certified Competency Holder/Certificate # _____
certify that the following is true and reasonably defines the scope of work for this project:

- a) **All work is limited to drops and armovers in a light-hazard occupancy with like sprinkler heads, i.e. standard response and quick response.**
- b) Positions of sprinkler heads relative to architectural features such as soffits, beams, partitions, walls, etc. complies with the current adopted edition of NFPA 13.
- c) The proposed work does not require hydraulic calculations because sprinklers use standard spacing and are not extended coverage or other specialized type of sprinkler.
- d) Only one sprinkler head will be installed from one drop.
- e) The area covered per sprinkler head is limited to the spacing requirements of NFPA 13.**
- f) Tenant improvements in new building shall be equipped with sprinklers as defined in NFPA 13, Section 8.3.3.1.
- g) The installation shall comply with the requirements of the current adopted edition of NFPA 13.
- h) Piping shall not be concealed until hangers and bracing are inspected.
- i) Final approval shall be subject to onsite tests and inspections.

In addition, I understand the following is required:

- A sketch attached to this document showing the area of work within the building's structure, and a copy of this document shall be available for all inspections.

Signature: _____

Date: _____