

FIRE PROTECTION BUREAU – PLAN REVIEW PO Box 42600 Olympia WA 98504-2600 (360) 596-3911 FAX: (360) 596-3934



NFPA 13 SPRINKLER INSTALLATION CERTIFICATION

Permit #:		Date:		
		Property Protected	System Installer	System Supplier
Bus	siness Name:			
Address:				
Rer	oresentative:		<u> </u>	
Telephone:				1
	ation of Owner			_
	This system ir	NFPA 13 IFC and IBC Manufacturer's Instructi Other (specify: FM, UL,	etc.)	
				Date:
2.	Certification o	oroperly in accordance with NFPA 13 IFC and IBC Manufacturer's Instructi	the requirements of:	of this system were tested and found to
	Print Name:			
	Signed:			Date:
	Organization:			

Sprinkler Information for Storage in 2002 NFPA 13, Chapter 12 and IFC Chapter 23