

Seattle Fire Marshal's Office

220 3rd Avenue South, 2nd Floor Seattle, WA 98104 SFD_FMO_StaffAssistant@seattle.gov

REQUEST TO DECOMMISSION FIRE PROTECTION SYSTEM

Version 05082025

SUBMITTAL INSTRUCTIONS: Complete Sections 1-4 and submit to email above.

SFD Decomm # ___ - ____(SFD will assign number)

| Decommissioning request review fee is \$248/hr, 1-hr mini | mum. | (350) | wiii ussiyii number, |
|--|--------------------------------|---------------------------------|----------------------|
| SECTION 1: SYSTEM TYPE | | | |
| Please check one of the following options and provide | | | |
| ☐ Fire Alarm ☐ Standpipe | ☐ Hood Suppres | | |
| ☐ Sprinkler ☐ Occupant Hose Lines | ☐ Other: | | |
| SECTION 2: APPLICANT INFORMATION | SECTION 3: PROJECT INFOR | MATION | |
| Contact Name: Request Date: | Project Address: | | |
| Company Name: | Fire Code Edition to which | the building was constructed | d or modified: |
| Mailing Address: | Building Information (click | for SDCLLookup): | |
| Phone Number: Email: | Occupancy Group(s): | Construction Type: | # of Stories: |
| Relationship to Building: | Fire Alarm System | Fire Sprinkler System: | |
| ☐ Owner ☐ Property Manager ☐ Contractor | ☐ Yes ☐ No | Partial | |
| ☐ Other | | Full | |
| Are you authorized to sign this form on behalf of the | | throughout, including the ro | |
| Financially Responsible Party? | | d for decommissioning is loc | cated? |
| Financially Responsible Party Same as Contact | ☐ Yes ☐ No | | |
| Name: Mailing Address: | | | |
| Mailing Address. | | | |
| SECTION 4: CODE PROVISIONS AND REASON FOR REQUES | | Chack one box and follow i | nstructions |
| 4.1. Demolition Permit from Seattle Dept of Construction and Inspections (SDCI). Check one box and follow instructions. □ I have an SDCI demo permit to demolish an entire building or space where my fire protection system(s) are located. The | | | |
| following systems will be removed: | <u> </u> | | |
| you do not need separate SFD approval to decommission Please return this form to SFD_FMO_StaffAssistant@se | on your systems, and do not r | need to fill out other sections | of this form. |
| ☐ I have an SDCI demo permit, however part or all of approved by SDCI for demolition. Demo permit # and return this form along with copy of your permit, if | Anticipated date | e of demolition: | |
| \square I do not have a demo permit because this request i | is not related to demolition. | Complete and return this for | m. |
| 4.2. Was this system required under the code in effect voluntary installation? Please provide code citations a plan set, plan review letter, permit, or other information | and project-specific informati | ion to justify your answer. A | |
| (CONTINUED ON NEXT PAGE) | | | |

| SECTION 4: REQUEST DETAILS (CONTINUED) 4.3 Describe what has been changed in the building to make this system no longer required. | | | | |
|--|----------------|--|--|--|
| 4.4 For Hood Suppression Systems: | | | | |
| • Is there currently cooking or other equipment or appliances being protected under the hood? If yes, please include a description of appliances | No | | | |
| • Have gas lines been capped and/or electrical locked out? | | | | |
| 4.5 For Occupant-Use Hose Lines 2021 SFC 901.8.2 | | | | |
| • Is the building provided with a Class I standpipe system having outlets compatible with Seattle Fire | | | | |
| 4.6 Optional attachments: Provide diagrams, figures, sketches, reports, or other supporting material to describe the projectific conditions, along with a copy of the site plan and/or floor plan, as applicable. | ect- | | | |
| ☐ I have attached supporting documents. | | | | |
| 4.7 Attestation If this request is approved, I understand that decommissioning is approved only as described in Section 5, and I agree to notify SFD when decommissioning is complete. I further attest that, if I am not the building owner, I have permission from the building owner to seek this approval from SFD. | n | | | |
| Name Signature | | | | |
| System shall not be decommissioned prior to obtaining SFD approval (below). Decommissioning work must be completed within days after decommissioning is begun. Notify SFD_FMO_StaffAssistant@seattle.gov of completion of work and attach photos. SFD will verify completion of decommissioning by reviewing photos attached with email (no charge) and may in some cases require field inspection to verify (flat fee of \$248). Upon approval to decommission the system, the following work must be completed: | | | | |
| ☐ Or see attached conditions | | | | |
| \square Or refer to standard conditions below, if boxes are checked | | | | |
| Hood Suppression Systems – Conditions for Suspension of Required Maintenance During Temporary Period of Non-Use. All appliances shall be removed from under the hood suppression system prior to discontinuation of maintenance. Thood suppression system(s) shall be labeled with a red sign with white letters at least one-inch tall stating: SYSTEM OUT OF SERVICE. BY ORDER OF FIRE MARSHAL, THIS SYSTEM SHALL NOT BE USED. The person submitting this form is required to send a letter to the Fire Marshal within four weeks of approval date below. The letter must confirm that this work has been completed and be accompanied by a photo showing the hood system and signage. Send letter to SFD_FMO_StaffAssistant@seattle.gov. No inspection or fee for processing this letter. | he OF en | | | |
| Occupant Hose Lines – Conditions for Removal (2021 SFC 901.8.2). Hoses shall be removed and discarded. Any hose cabinet shall be labeled with a red sign with white letters at least one-inch tall stating: SYSTEM DECOMMISSIONED. BY ORDER OF FIRE MARSHAL, THIS SYSTEM SHALL NOT BE USED. The person submitting this form is required to send a letter the Fire Marshal within four weeks of approval date below. The letter must confirm that this work has been completed are be accompanied by a photo showing any hose cabinets and signage. Send letter to SFD_FMO_StaffAssistant@seattle.gov. | to nd | | | |

| SECTION 6: SFD APPROVALS (TO BE COMPLETED BY SFD) Field Observations: Include information to support recommendation for approval or denial of request. | | | | |
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| Fire Inspector or FPE* | Support Deny Billable Time (h:m) | | | |
| Captain of Unit or FPE Supervisor* | Support Deny Billable Time (h:m) | | | |
| Code Development Coordinator Support Deny * Do not bill for hours on this form, for which an FPE has entered hours in Accela for a plan undergoing review. | | | | |
| SECTION 7: FIRE MARSHAL DECISION | | | | |
| \square Approved with Conditions (See Section 5) \square Denied | | | | |
| Fire Marshal | Date | | | |
| SECTION 8: VERIFICATION OF COMPLETION OF WORK (to occur after system has been decommissioned) | | | | |
| ☐ Approved ☐ Problems Found (see below) | \square If inspection occurred, bill \$248 for inspection | | | |
| | | | | |
| | | | | |
| SHU CAPTAIN | Data | | | |
| SHU CAPTAIN | Date | | | |
| SECTION 7: FPD ADMIN STAFF USE ONLY ☐ Customer notified of decision via letter and this form ☐ Combined form/attachments saved to SharePoint | ☐ Decomm log updated, copies to Admins including Eng Permit Tech if related to a construction permit | | | |
| | ☐ BSA Team has updated TCE and First Due to reflect system decomm | | | |