



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 01172025

SUBMITTAL INSTRUCTIONS: Complete Sections 1-4 and submit to email above
 Decommissioning request review fee is \$248/hr, 1-hr minimum.

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

SECTION 1: SYSTEM TYPE

Please check one of the following options and provide permit information if applicable.

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Standpipe | <input type="checkbox"/> Hood Suppression |
| <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Occupant Hose Lines | <input type="checkbox"/> Other: _____ |

SECTION 2: APPLICANT INFORMATION

Contact Name: _____ Request Date: _____
 Company Name: _____
 Mailing Address: _____
 Phone Number: _____ Email: _____
 Relationship to Building:
 Owner Property Manager Contractor
 Other _____
 Financially Responsible Party Same as Contact
 Name: _____
 Mailing Address: _____

SECTION 3: PROJECT INFORMATION

Project Address: _____
 Fire Code Edition to which the building was constructed or modified:

 Building Information ([click for SDCI Lookup](#)):
 Occupancy Group(s): _____ Construction Type: _____ # of Stories: _____
 Fire Alarm System: _____ Fire Sprinkler System:
 Yes No Partial Yes No
 Full Yes No
 Is the building sprinklered throughout, including the room or area
 where the system proposed for decommissioning is located?
 Yes No

SECTION 4: CODE PROVISIONS AND REASON FOR REQUEST

4.1 Was this system required under the code in effect when the building was built and/or the system installed, or was this a voluntary installation? Please provide code citations and project-specific information to justify your answer. Attach original plan set, plan review letter, permit, or other information to help document your explanation.

4.2 Describe what has been changed in the building to make this system no longer required.

(CONTINUED ON NEXT PAGE)

SECTION 4: REQUEST DETAILS (CONTINUED)

4.3 For Hood Suppression Systems:

- Is there currently cooking or other equipment or appliances being protected under the hood? Yes No
If yes, please include a description of appliances. _____
- Have gas lines been capped and/or electrical locked out? Yes No

4.4 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 Department fittings? If yes, describe how you determined the standpipe outlets are compatible with SFD fittings? Yes No

4.5 Optional attachments: Provide diagrams, figures, sketches, reports, or other supporting material to describe the project-specific conditions, along with a copy of the site plan and/or floor plan, as applicable.

I have attached supporting documents.

SECTION 5: REVIEW AND RECOMMENDATIONS (TO BE COMPLETED BY SFD)

Field Observations: Include information to support recommendation for approval or denial of request.

SFD Conditions for Approval: Or see attached

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. The hood 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.

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 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 any hose cabinets and signage. Send letter to SFD_FMO_StaffAssistant@seattle.gov.

SFD Recommendations

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

SECTION 6: FIRE MARSHAL DECISION

Approved Approved with Conditions (See Section 5) Denied

Fire Marshal _____ Date _____

SECTION 7: FPD ADMIN STAFF USE ONLY

- Customer notified of decision via letter and this form
- Combined form/attachments saved to SharePoint
- Print & file signed copy to Decomm binder in ASA office
- Decomm log updated, copies to Admins
- BSA Team has updated TCE and First Due to reflect system decomm