



FIRE

Permit Application

Community & Economic
Development
THE BUILDING SERVICES
4800 S 188th St
SeaTac, WA 98188
206-973-4750

PERMIT # FIR _____

Project Address:	Parcel #:		
Applicant: Address:	Phone:		
Contact Person:	Phone:		
Email Address:			
Site Contact	Phone		
Property Owner: Address:	Phone:		
Tenant:	Phone:		
Contractor: City Business Lic. #: State Contractor Lic. #:	Phone:		
Description of Work:			
<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> Permit Sub Type: <input type="checkbox"/> Automatic Fire Extinguishing System <input type="checkbox"/> Residential Tank Decommissioning <input type="checkbox"/> Battery Systems <input type="checkbox"/> Cryogenic Fluids <input type="checkbox"/> Emergency & Standby Power System <input type="checkbox"/> Flammable & Combustible Liquid <input type="checkbox"/> Hazardous Material <input type="checkbox"/> LP-Gas <input type="checkbox"/> Smoke Control & Removal <input type="checkbox"/> Spraying or Dipping <input type="checkbox"/> Temporary Membrane Structures </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Fire Alarm Detection System <input type="checkbox"/> Underground Fireline <input type="checkbox"/> Compressed Gases <input type="checkbox"/> Emergency Responder Radio System <input type="checkbox"/> Fire Pump <input type="checkbox"/> Gate & Barricade <input type="checkbox"/> Industrial Oven <input type="checkbox"/> Private Fire Hydrant <input type="checkbox"/> Solar Photovoltaic Battery System <input type="checkbox"/> Standpipe System </td> </tr> </table>		Permit Sub Type: <input type="checkbox"/> Automatic Fire Extinguishing System <input type="checkbox"/> Residential Tank Decommissioning <input type="checkbox"/> Battery Systems <input type="checkbox"/> Cryogenic Fluids <input type="checkbox"/> Emergency & Standby Power System <input type="checkbox"/> Flammable & Combustible Liquid <input type="checkbox"/> Hazardous Material <input type="checkbox"/> LP-Gas <input type="checkbox"/> Smoke Control & Removal <input type="checkbox"/> Spraying or Dipping <input type="checkbox"/> Temporary Membrane Structures	<input type="checkbox"/> Fire Alarm Detection System <input type="checkbox"/> Underground Fireline <input type="checkbox"/> Compressed Gases <input type="checkbox"/> Emergency Responder Radio System <input type="checkbox"/> Fire Pump <input type="checkbox"/> Gate & Barricade <input type="checkbox"/> Industrial Oven <input type="checkbox"/> Private Fire Hydrant <input type="checkbox"/> Solar Photovoltaic Battery System <input type="checkbox"/> Standpipe System
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Value of Work: \$			
Type of Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-family <input type="checkbox"/> Single & Two family Dwelling			

I certify that I am the Owner Contractor

Applicant Signature: _____ Date: _____

Printed Name: _____