



Address:
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(253) 929-1110
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Website:
www.pacificwa.gov

FIRE PROTECTION SYSTEM PERMIT APPLICATION

PROJECT INFORMATION *(all fields must be filled out to be considered complete)*

Check one: Commercial Residential

Application is for: Alarms Sprinklers Suppression System
 Tank – New Tank – Decommission
 Tent/Membrane Structure (Temporary) >400sf UG Fire Line

Job Site Address: _____ Parcel #: _____

COMMERCIAL / MULTI-FAMILY BUILDINGS
 Building Name: _____ Suite #: _____
 Tenant Name: _____

RESIDENTIAL BUILDINGS
 Subdivision Name: _____ Condo/Duplex? Y/N _____ Unit #: _____

SCOPE OF WORK: _____

TOTAL FIXTURES (new & relocated): _____

PERMIT NUMBER:

PARENT PERMIT #:

DATE RECEIVED:

OWNER Check this box if this the primary contact

Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

CONTRACTOR Check this box if this the primary contact

Company Name: _____

Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

UBI#: _____ Pacific Bus Lic #: _____

ARCHITECT Check this box if this the primary contact

Company Name: _____

Architect: _____

WA State ID #: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

ENGINEER Check this box if this the primary contact

Company Name: _____

Engineer: _____

WA State ID #: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

APPLICANT REPRESENTATIVE *(if not listed above)*

On behalf of: Owner Contractor Architect Engineer

Company Name: _____ Representative Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

ALARMS
 New Existing* Fire Alarm System
 Number of Alarm Devices Proposed: _____

 Add Alter Existing Fire Alarm System
 No. of Alarm Devices on Existing System: _____
 No. of Alarm Devices to be Added/Altered: _____
SPRINKLERS
 New Existing* Fire Sprinkler System
 Number of Sprinkler Heads Proposed: _____
 Underground System

 Add Alter Existing Fire Sprinkler System
 No. of Sprinkler heads on Existing System: _____
 No. of Sprinkler heads to be Added/Altered: _____
SUPPRESSION SYSTEMS
 New Replace Suppression System
 Wet System Chemical System

 Add Existing Suppression System
 Characterize the modification or expansion: _____
TANKS – NEW
 Above Ground Tank Underground Tank
 Tank Size in Gallons: _____
 Type of Flammable or Hazardous Liquids: _____

 Site Development Review.
 Check this box if any of the following apply:

- The project will create more than 2,000sf of impervious surface, or
- Excavation will exceed 5 feet in depth, or
- Excavation and/or fill will exceed 500 cubic yards.

 SEPA Review.
 Check this box if the tank is >10,000 gal
Underground storage tanks above 10,000 gal are subject to environmental review. Please submit a SEPA Environmental Checklist.
TANKS – REMOVAL / DECOMMISSIONING
 Tank Removal Tank Decommissioning
TENT / MEMBRANE STRUCTURES >400SF (TEMPORARY)

of Tents _____ Sizes: Tent 1: _____ Tent 2: _____ Tent 3: _____ Tent 4: _____ Tent 5: _____

HAZARDOUS MATERIALS
 Are hazardous materials being stored or used on the premises? YES NO

 Are Materials Safety Data Sheets (MSDS) provided with this application? YES NO

I hereby certify that I have read and examined this application and know the same to be true and correct. All Provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction or the performance of construction. Any permit issued in error may be revoked at any time by the Building Official, per IBC [A] 105.6

SIGNATURE

PRINTED NAME

DATE