



FIRE PROTECTION SYSTEM PERMIT APPLICATION

Form last
updated on
May 1, 2011

Physical Address:

Auburn City Hall Annex, 2nd Floor
1 East Main Street

Mailing Address:

25 West Main Street
Auburn, WA 98001-4998

Webpage & Email:

www.auburnwa.gov
permitcenter@auburnwa.gov

Phone and Fax:

Phone: 253-931-3090
Fax: 253-804-3114

PROJECT INFORMATION

Check one of the following: ☐ Residential ☐ Commercial

Check all of the following that you are applying for:

☐ Alarms ☐ Sprinklers ☐ Suppression System ☐ New Tank ☐ Decommissioning Tank

Site Address: _____ Zip: _____

Parcel Number(s): _____

Commercial Buildings

Building Name: _____ Suite #: _____

Tenant Name: _____

Residential Buildings

Subdivision Name: _____

Condo: ☐ Yes ☐ No If yes, Building #: _____ Unit #: _____

Permit Number #

Parent Permit #

Received:

Scope of Work: _____

OWNER

Name: _____

☐ Check this box if this is the primary contact

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

CONTRACTOR

Company Name: _____

☐ Check this box if this is the primary contact

Contact: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

City of Auburn Business License #: BUS _____

Washington State Lic. #: _____

ARCHITECT

Company Name: _____

☐ Check this box if this is the primary contact

Architect: _____

ID#: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

ENGINEER

Company Name: _____

☐ Check this box if this is the primary contact

Engineer: _____

ID# _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

| | |
|---|---|
| FIRE ALARMS | |
| <input type="checkbox"/> New Fire Alarm System Number of Alarm Devices Proposed: _____ | <input type="checkbox"/> Existing Fire Alarm System Number of Alarm Devices in the Existing System: _____ Number of Alarm Devices to be Added to the System: _____ |
| SPRINKLERS | |
| <input type="checkbox"/> New Fire Sprinkler System Number of Sprinkler Devices Proposed: _____ | <input type="checkbox"/> Existing Fire Sprinkler System Number of Sprinkler Devices in the Existing System: _____ |
| <input type="checkbox"/> Underground System | Number of Sprinkler Devices to be Added to the System: _____ |
| SUPPRESSION SYSTEMS | |
| <input type="checkbox"/> New Suppression System | <input type="checkbox"/> Existing Suppression System Characterize the modification or expansion: _____ |
| <input type="checkbox"/> Wet System <input type="checkbox"/> Chemical System | _____ |
| NEW TANKS | |
| <input type="checkbox"/> Above Ground Tank <input type="checkbox"/> Underground Tank Tank Size in Gallons: _____ Type of Flammable or Hazardous Liquids: _____ _____ _____ _____ _____ | <input type="checkbox"/> Grading Review. Check this box if any of the following apply: <ul style="list-style-type: none"> The project will create more than 2,000 square feet of impervious surface, or Excavation will exceed 5 feet in depth, or Excavation and/or fill will exceed 500 cubic yards. <input type="checkbox"/> SEPA Review. Check this box if the tank is over 10,000 gallons Underground storage tanks that are above 10,000 gallons are subject to environmental review. Please submit a SEPA environmental checklist. |
| HAZARDOUS MATERIALS | |
| Are hazardous materials being stored or used on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are Materials Safety Data Sheets (MSDS) provided with this application? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TANK REMOVAL/DECOMMISSIONING | |
| <input type="checkbox"/> Tank Removal <input type="checkbox"/> Decommissioning Tank Note that removal of an Underground Residential Home Heating Oil Tank (URHOT) does not necessitate permit approval; however please provide notification to the Valley Regional Fire Authority (253-288-5870) | |
| APPLICANT (check one of the following): | <input type="checkbox"/> Owner <input type="checkbox"/> Owner's Agent <input type="checkbox"/> Contractor <input type="checkbox"/> Contractor's Agent |
| <p>I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property on this permit application, the Washington State registered contractor for the work, or I represent the owner or contractor as signified above and am acting with the owner's/contractors full knowledge or consent.</p> | |
| _____ Print Name | _____ Signature |
| _____ Date | |