Application for <u>FIRE SYSTEM PERMIT</u>

BUILDING SERVICES DIVISION
1700 Civic Drive · DuPont, WA 98327
P: (253) 912-5217 · F: (253) 964-1455
www.dupontwa.gov

Permit Number:_____

Application for ☐ Fire Suppression ☐ Alarm System ☐ Standpipe System ☐ UG Fire Service Mains ☐ Fixed Suppression
__Auto __Manual __NFPA96 __NFPA 17

Type of Bldg: ☐ SFR ☐ Duplex ☐ Multi Family/No.Units _____ ☐ Commercial: Type _____ New__ T/I___
(i.e. Day Care, Business, Food Service, etc)

Scope of work: ☐ New Installation ☐ Repair Existing System ☐ Alter Existing System __Add __Remove __Relocate

Description of Work:_____

Project Address:	**Parcel Number:**
Owner of Building:	**Phone Number:**
Mailing Address *(if different from Project Address)***:**	

Applicant *(if contractor, fill out next section)***:**	**Phone Number:**
Address:	
Contact Person:	**Phone Number:**

Contractor:	**Phone Number:**
Address:	
State Contractor Number:	**City Business License:**
Project Contact Person:	**Phone Number:**

Valuation of Work: **Project Sq. Footage** *(required)***:**

Type of System: ☐ 13 ☐ 13D ☐ 13R ☐ NFPA 14 ☐ NFPA 20 ☐ NFPA 24 ☐ NFPA 13 ☐ NFPA 72
☐ NFPA 96 ☐ NFPA 17 ☐ Smoke Removal System ☐ Flammable & Combustible Liquid

Type of Sprinkler: ☐ Deluge ☐ Dry ☐ Preaction ☐ Underground ☐ Wet ☐ Chemical

Type of Pipe: _____ **Commodity Class:**_____ **Storage Height:**_____ **Head Type:** _____

SCHEDULE OF FEES
(OFFICE USE)

Valuation	$_____
Permit Fee	$_____
Plan Review Fee (due @ submittal)	$_____
SUBTOTAL	$_____
Deposit (if any)	$_____
Receipt #:	_____
TOTAL	$_____

I certify that I am the: ☐ **Owner**   ☐ **Contractor**   ☐ **Agent**

I hereby certify that I have read and examined this application and state that the above information is correct. I agree to comply with all City Ordinances and State Laws, whether specified herein or not.

***By leaving the contractor information section blank, I hereby certify further that contractors (General or Subcontractors) will not be hired to perform any work in association with this permit.

_____   _____
Signature Owner / Authorized Agent   **Date**

_____   _____
PLEASE PRINT NAME   **Agency**