



Application for **FIRE SYSTEM PERMIT**

BUILDING SERVICES DIVISION

1700 Civic Drive · DuPont, WA 98327

P: (253) 912-5217 · F: (253) 964-1455

www.dupontwa.gov

Application for: Commercial Residential

Type of work: Fire Sprinkler Alarm System DAS System Standpipe System

UG Fire Service Mains Fixed Suppression Class 1 Hood Other _____

Scope of Work: New Installation Addition Replacement

Approximate Project State Date:

Description of Work:

Project Address:	Parcel Number:
Owner of Building:	Phone Number:
Mailing Address <i>(if different from Project Address):</i>	
Applicant <i>(if contractor, fill out next section):</i>	Phone Number:
Address:	Email Address:
Contact Person:	Phone Number:
Contractor:	Phone Number:
Address:	Email Address:
State Contractor Number:	City Business License:
Project Contact Person:	Phone Number:
Valuation of Work:	Project Sq. Footage <i>(required):</i>
Number of Units:	Type of System:
Type of Sprinkler:	
I certify that I am the: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> 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