



FIRE PROTECTION SYSTEM PERMIT APPLICATION

Form updated Nov 2018

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:

(253) 931-3090

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 Temporary Tent / Membrane Structure >400sf

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 Check if this is the primary contact

Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

CONTRACTOR Check if this is the primary contact

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

City of Auburn License # (required): BUS- _____

WA State Contractor's Licence #: _____

ARCHITECT Check if this is the primary contact

Company Name: _____

Architect: _____

ID#: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

ENGINEER Check if this is the primary contact

Company Name: _____

Engineer: _____

ID#: _____ Exp. Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

FIRE ALARMS

<input type="checkbox"/> New Fire Alarm System Number of Alarm Devices Proposed: _____	<input type="checkbox"/> Existing Fire Alarm System No. of Alarm Devices in the Existing System: _____ No. of Alarm Devices to be Added to the System: _____
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SPRINKLERS

<input type="checkbox"/> New Fire Sprinkler System No. of Sprinkler Devices Proposed: _____	<input type="checkbox"/> Existing Fire Sprinkler System No. of Sprinkler Devices in the Existing System: _____
<input type="checkbox"/> Underground System	No. 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 these 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 <10,000 gal Underground storage tanks that are above 10,000 gallons are subject to environmental review. Please submit a SEPA environmental checklist.
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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

TANK REMOVAL/DECOMMISSIONING

Tank Removal Decommissioning Tank

TEMPORARY TENT/MEMBRANE STRUCTURE >400SF

No. of Tents _____ Sizes: Tent 1: _____ Tent 2: _____ Tent 3: _____ Tent 4: _____ Tent 5: _____

APPLICANT REPRESENTATIVE (If not listed on Page 1)

On behalf of: Owner Contractor Architect Engineer
Company Name: _____ Representative Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

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.

Signature: _____ Printed Name: _____ Date: _____