



FIRE PROTECTION SYSTEM PERMIT APPLICATION

Updated
11/1/2019

Physical Address: Auburn City Hall Annex, 2 nd Floor 1 E Main St	Mailing Address: 25 W Main St Auburn, WA 98001-4998	Webpage & Application Submittal: www.auburnwa.gov applications@auburnwa.gov	Phone and Email: Phone: (253) 931-3090 permitcenter@auburnwa.gov
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PROJECT INFORMATION	
<p>Check <u>one</u> of the following: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial</p> <p>Check <u>all</u> of the following that you are applying for: <input type="checkbox"/> Alarms <input type="checkbox"/> Sprinklers <input type="checkbox"/> Suppression System <input type="checkbox"/> Tank - New <input type="checkbox"/> Tank - Decommission <input type="checkbox"/> Tent / Membrane Structure (Temporary) >400sf <input type="checkbox"/> U/G Fire Line</p> <p>Site Address: _____ Zip: _____</p> <p>Parcel Number(s): _____</p> <p>Commercial Buildings</p> <p>Building Name: _____ Suite #: _____</p> <p>Tenant Name: _____</p> <p>Residential Buildings</p> <p>Subdivision Name: _____</p> <p>Condo? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Building #: _____ Unit #: _____</p>	<p>Permit Number #</p> <p>Parent Permit #</p> <p>Received:</p>

Scope of Work: _____

_____ TOTAL FIXTURES (new & relocated) _____

OWNER <input type="checkbox"/> Primary contact	CONTRACTOR <input type="checkbox"/> Primary contact
Name: _____	Company Name: _____
Contact Person: _____	Contact Person: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____	Phone: _____ E-mail: _____
E-mail: _____	City of Auburn License # (required): BUS- _____
	WA State Contractor's Licence #: _____

ARCHITECT <input type="checkbox"/> Primary contact	ENGINEER <input type="checkbox"/> Primary contact
Company Name: _____	Company Name: _____
Architect: _____	Engineer: _____
ID#: _____ Exp. Date: _____	ID#: _____ Exp. Date: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____	Phone: _____ E-mail: _____



OWNER LETTER OF AUTHORIZATION

Updated
June 2019

Physical Address:
Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address:
25 W Main St
Auburn, WA 98001-4998

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(A copy of this letter must be submitted for each property owner involved)

I, _____, declare under penalty of perjury under the laws of the State of Washington as follows;

1. I am (*select one*) the owner of the property that is the subject of the application or the owner is a corporation, organization, or public agency and submitting this authorization is within the scope of my authority to act on that entity's behalf for the property located at _____ for the following scope of work _____.

2. All statements, answers, and information submitted with this application are true and correct to the best of my knowledge and belief.

3. I acknowledge that approval of this application may be subject to conditions as specified on the approval documents.

4. I agree to hold the City of Auburn harmless as to any claim (including costs, expenses and attorney's fees incurred in the investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Auburn, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as part of this application.

5. I hereby grant permission for representatives of the City of Auburn and any other Federal, State, or local unit of government with regulatory authority over the project to enter onto my property to inspect the property, take photographs, and post public notices as required in connection with review of this application and for compliance with the terms and conditions of permits and approvals issued for the project.

6. Regarding this application, the following individuals are appointed to act as my agent, or as the agent of the entity I represent: _____.

X _____
Signature

Title

Printed Name

Date

City and State where signed

Email

Phone

Address