CITY OF TUKWILA
FIRE MARSHAL'S OFFICE
206-575-4407

FIRE PROTECTION SYSTEMS PERMIT APPLICATION
Applications and plans must be complete in order to be accepted for plan review.

PLEASE PRINT

SITE LOCATION

King Co. Assessor's Tax No.:_____

Site Address:_____ Suite Number:_____ Floor:_____

Tenant Name:_____ New Tenant? ☐ - Yes ☐ - No

Property Owner's Name:_____

Mailing Address:_____
                     City   State   Zip

CONTACT PERSON-if there are questions about the submittal.

Name:_____ Day Telephone:_____

Company Name:_____

Mailing Address:_____
                     City   State   Zip
E-mail Address:_____ Fax Number:_____

Contractor's City of Tukwila Business License number:_____

Total number of new/relocated devices or sprinkler heads: _____

Valuation of Project (contractor's bid price): $_____

Scope of Work (please provide detailed information):_____

_____

PERMIT APPLICATION NOTES

Value of Construction – In all cases, a value of construction amount should be entered by the applicant. This figure will be reviewed and is subject to possible revision by the Fire Marshal to comply with current fee schedules.

Expiration of Plan Review-Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced. The Fire Marshal is authorized to grant, in writing, one or more extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OR WASHINGTON, AND I AM AUTHORIZED TO APPLY FOR THIS PERMIT.

BUILDING OWNER OR AUTHORIZED AGENT:

Signature:_____ Date:_____

Print Name:_____ Day Telephone:_____