



FIRE ALARM PERMIT APPLICATION

CITY OF WOODINVILLE
 17301 133rd Avenue NE
 Woodinville, WA 98072-8563
 Phone (425) 489-2754 Fax (425) 489-2756
 Application Submittal Hours 8:30 am – 4:00 pm

1.	PROJECT ADDRESS	SUITE NO..	1a.	PERMIT NO: FIR: _____	
2.	PROJECT NAME		2a.	PARCEL NO.	
3.	OWNER NAME	PHONE NO.	3a.	ADDRESS (City, State, & Zip Code)	
4.	CONTRACTOR		4a.	ADDRESS (City, State, & Zip Code)	
4b.	CONTACT		4c.	LICENSE NO. AND EXPIRATION DATE	
4d.	PHONE NO.	4e.	FAX #	4f.	CELL NO.
5.	TENANT NAME		5a.	TYPE OF BUSINESS	
6.	USE OF BUILDING: <input type="checkbox"/> SFR <input type="checkbox"/> MULTIFAMILY <input type="checkbox"/> COMMERCIAL/INDUSTRIAL <input type="checkbox"/> OTHER				
7.	CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> TENANT IMPROVEMENT				
8.	DESCRIPTION OF WORK TO BE DONE:				
9.	CHANGE OF USE FROM		9a.	CHANGE OF USE TO	
10.	SQ. FT. OF STRUCTURE		10a.	CONSTRUCTION TYPE	
11.	SPECIAL CONDITIONS/NOTES/COMMENTS:				
12.	LIST QUANTITIES: FLO SWITCH _____ AUDIBLE _____ VISUAL _____ SMOKE DETECTORS _____ HEAT DETECTORS _____ PRESS SWITCH _____ LOW PRESSURE SWITCH _____ PULL STATION _____ ZONES _____				

**NOTE: Department of Labor and Industries Electrical Permit Shall be Posted at all fire alarm installations.*

NOTICE

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge and further that I am authorized by the owner of the above premises to perform the work for which permit application is made. I further agree to save harmless the City of Woodinville as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Woodinville, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.

OWNER AGENT

DATE

OWNER AUTHORIZATION

DATE