

## FIRE PROTECTION SYSTEM PERMIT APPLICATION

Updated ÁÁR } ^ 2019

**Physical Address:**Auburn City Hall Annex, 2<sup>nd</sup> 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

PROJECT INFORMATION			
Check one of the following: □ Residential □ Commercial Permit Number #		Permit Number #	
Check <u>all</u> of the following that you are applying for: ☐ Alarms ☐ Sprinklers ☐ Suppression System ☐ Tank - New ☐ Tank - Decommission			
☐ Tent / Membrane Structure (Temporary) >400sf ☐ U/0	□ Tent / Membrane Structure (Temporary) >400sf □ U/G Fire Line		
Site Address: Zip:		Parent Permit #	
Parcel Number(s):	Parcel Number(s):		
Commercial Buildings		D in . I	
Building Name:	Suite #:	Received:	
Tenant Name:			
Residential Buildings			
Subdivision Name:			
Condo? ☐ Yes ☐ No If yes, Building #:			
Scope of Work:			
•			
TOTAL FIXTURES (new & relocated)			
<b>OWNER</b> □ Primary contact	CONTRACTOR	□ Primary contact	
OWNER		□ Primary contact	
,	Company Name:		
Name:	Company Name:	·	
Name: Contact Person:	Company Name: Contact Person:	·	
Name: Contact Person: Address:	Company Name: Contact Person: Address:		
Name: Contact Person: Address: City: State: Zip: Phone:	Company Name: Contact Person: Address: City: Phone:	State: Zip:	
Name:  Contact Person:  Address:  City:  State:  Zip:	Company Name: Contact Person: Address: City: Phone: City of Auburn License #	State: Zip:	
Name: Contact Person: Address: City: State: Zip: Phone:	Company Name: Contact Person: Address: City: Phone: City of Auburn License #	State: Zip: _ E-mail: (required): BUS	
Name: Contact Person: Address: City: State: Zip: Phone: E-mail:  ARCHITECT □ Primary contact	Company Name:  Contact Person:  Address:  City:  Phone:  City of Auburn License #  WA State Contractor's License  ENGINEER	State: Zip: _ E-mail: (required): BUS cence #:	
Name:	Company Name: Contact Person: Address: City: Phone: City of Auburn License # WA State Contractor's License ENGINEER Company Name:	State: Zip: _ E-mail: (required): BUS	
Name: Contact Person: Address: City: State: Zip: Phone: E-mail:  ARCHITECT □ Primary contact	Company Name:  Contact Person:  Address:  City:  Phone:  City of Auburn License #  WA State Contractor's License  ENGINEER  Company Name:  Engineer:	State: Zip: E-mail: (required): BUS cence #:	
Name: Contact Person: Address: City: State: Phone: E-mail:  ARCHITECT Primary contact  Company Name: Architect:	Company Name:  Contact Person:  Address:  City:  Phone:  City of Auburn License #  WA State Contractor's License  ENGINEER  Company Name:  Engineer:  ID#:	State: Zip:E-mail: (required): BUS cence #:	
Name: Contact Person: Address: City: State: Phone: E-mail:  ARCHITECT Primary contact  Company Name: Architect: ID#: Exp. Date:	Company Name:  Contact Person:  Address:  City:  Phone:  City of Auburn License #  WA State Contractor's License  ENGINEER  Company Name:  Engineer:  ID#:  Address:	State: Zip:E-mail: (required): BUS cence #: Primary contact	

FIRE ALARMS		
□ New Fire Alarm System	□ Existing Fire Alarm System	
Number of Alarm Devices Proposed:	No. of Alarm Devices in the Existing System:	
SPRINKLERS	No. of Alarm Devices to be Added to the System:	
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☐ New Fire Sprinkler System  No. of Sprinkler Devices Proposed:	<ul><li>□ Existing Fire Sprinkler System</li><li>No. of Sprinkler Devices in the Existing System:</li></ul>	
☐ Underground System	No. of Sprinkler Devices in the Existing System: No. of Sprinkler Devices to be Added to the System:	
SUPPRESSION SYSTEMS		
□ New Suppression System	☐ Existing Suppression System	
☐ Wet System ☐ Chemical System	Characterize the modification or expansion:	
NEW TANKS		
□ Above Ground Tank □ Underground Tank  Tank Size in Gallons:  Type of Flammable or Hazardous Liquids:  □ HAZARDOUS MATERIALS  Are hazardous materials being stored or used on the pren Are Materials Safety Data Sheets (MSDS) provided with to 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	
	any Name: Representative Name:	
Address:		
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 PRINTEI	D NAME DATE	



## OWNER LETTER OF AUTHORIZATION

Updated June 2019

**Physical Address:**Auburn City Hall Annex, 2<sup>nd</sup> Floor
1 E Main St

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Phone and Email: Phone: (253) 931-3090 permitcenter@auburnwa.gov

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

I, of the State of Washington as	follows;	, declare under penalty of perjury under the laws
corporation, organization, or p	oublic agency and su behalf for the proper	at is the subject of the application or □ the owner is a bmitting this authorization is within the scope of my ty located at
<b>2.</b> All statements, answers, and of my knowledge and belief.	d information submitte	ed with this application are true and correct to the best
<b>3.</b> I acknowledge that approval approval documents.	al of this application	may be subject to conditions as specified on the
fees incurred in the investigation undersigned, and filed against	ation of such claim) the City of Auburn, b	any claim (including costs, expenses and attorney's which may be made by any person, including the ut only where such claim arises out of the reliance of the accuracy of the information provided to the City
local unit of government with reproperty, take photographs,	egulatory authority ov and post public noti	the City of Auburn and any other Federal, State, or er the project to enter onto my property to inspect the ces as required in connection with review of this conditions of permits and approvals issued for the
<b>6.</b> Regarding this application, of the entity I represent:		als are appointed to act as my agent, or as the agent
X		
Signature		Title
Printed Name	Date	City and State where signed
Email	Phone	
Address		