



COMMERCIAL FIRE PERMIT APPLICATION

COMMUNITY DEVELOPMENT
10220 270th Street NW Stanwood, WA 98292

PROJECT INFORMATION	
Check <u>All</u> that Apply: <input type="checkbox"/> New Fire Sprinkler <input type="checkbox"/> Fire Sprinkler Addition / Alteration <input type="checkbox"/> Suppression System <input type="checkbox"/> Underground Fire Line <input type="checkbox"/> Tanks (Above / Underground) <input type="checkbox"/> Tent Structure (Temporary) > 400 sf <input type="checkbox"/> New Fire Alarm <input type="checkbox"/> Fire Alarm Addition / Alteration	Permit Number: _____ _____
Project Valuation \$ _____	Date Received: _____ _____
Job Site Address: _____ Suite # _____	
Parcel Number: _____ Building Name: _____ Tenant Name: _____	
Scope of Work: _____ _____ Total Fixtures (new and relocated) _____	
OWNER <input type="checkbox"/> Primary Contact	CONTRACTOR <input type="checkbox"/> Primary Contact
Name: _____ <input type="checkbox"/> Building Owner <input type="checkbox"/> Tenant Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ E-mail: _____	Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone Number: _____ E-mail: _____ WA Contractor License #: _____ WA Business License #: _____
ARCHITECT <input type="checkbox"/> Primary Contact	ENGINEER <input type="checkbox"/> Primary Contact
Company Name: _____ Architect: _____ WA ID# (required): _____ Exp. Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ E-mail: _____	Company Name: _____ Engineer: _____ WA ID# (required): _____ Exp. Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ E-mail: _____

FIRE ALARMS

<input type="checkbox"/> New Fire Alarm System Number of Alarm Devices Proposed: _____	<input type="checkbox"/> Existing Fire Alarm System Number of Alarm Devices Existing: _____ Number of Alarm Devices Proposed: _____
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FIRE SPRINKLERS

<input type="checkbox"/> New Fire Sprinkler System Number of Sprinkler Devices Proposed: _____	<input type="checkbox"/> Existing Fire Sprinkler System Number of Sprinkler Devices Existing: _____
<input type="checkbox"/> Underground System	Number of Sprinkler Devices Proposed: _____

SUPPRESSION SYSTEMS

<input type="checkbox"/> New Fire Sprinkler System <input type="checkbox"/> Wet System <input type="checkbox"/> Chemical System	<input type="checkbox"/> Existing Fire Sprinkler System Describe the Modification: _____
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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 box if the tank is >10,000 gallons
If yes, Existing Use: _____ If yes, Proposed Use: _____	Building Meets Architectural Standards of SMC 17.112: <input type="checkbox"/> Yes <input type="checkbox"/> No
Modular Building: <input type="checkbox"/> Yes <input type="checkbox"/> No	Solid Waste Disposal Areas Screened? <input type="checkbox"/> Yes <input type="checkbox"/> No
Natural Gas to Site? <input type="checkbox"/> Yes <input type="checkbox"/> No Power to Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical Equipment Screened from Public Streets? <input type="checkbox"/> Yes <input type="checkbox"/> No
Water to Site? <input type="checkbox"/> Yes <input type="checkbox"/> No Sewer to Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Landscaping Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Storm to Site? <input type="checkbox"/> Yes <input type="checkbox"/> No Storm Vault/Pond? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What Type: <input type="checkbox"/> Street Frontage <input type="checkbox"/> Perimeter Screening <input type="checkbox"/> Interior Parking Lot <input type="checkbox"/> Off-Street Vehicular Screening

SPECIAL INSPECTIONS AND/OR INSPECTIONS

Will this project require any special testing or inspections: Yes No

If yes, please include the type of inspections that are required: _____

APPLICANT REPRESENTATIVE (if not listed on Page 1)

On behalf of: Owner Contractor Architect Engineer

Company Name: _____ Representative Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

REQUIREMENTS

If staff completes the application review and a permit is ready to issue, the applicant has 6 months from the "ready to issue" date, to pick up the permit and pay the remainder of the fees, otherwise the application will be expired for non-payment.

If Sub-Contractors are hired to work on the project, they are required to obtain a City of Stanwood Business License. It is the applicant's responsibility to inform their Sub-Contractors to acquire a business license for the City of Stanwood.

Upon permit issuance, building permits are valid for 180 days per code section 105.3.2 IBC. Each Inspection renews the 180 day timeframe

SIGNATURE

I understand that the submittal fee & building plan review fee is non-refundable once the review process has begun, whether or not I choose to withdraw my application. I hereby certify that I have read and examined this application and know the same to be true & correct.

All provisions of the Laws and Ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state/local law regulating construction or the performance of construction

By signing this application, I authorize employees/agents of the City of Stanwood to enter onto the property which is subject of this application during regular business hours. The sole purpose of entry is to make any examinations of the property which is necessary to process this application.

As the project applicant / property owner, I understand it is my responsibility to assure that no soils, wash water, or waste products from my project enter the storm drain, are washed into the road, or are allowed to enter any water body. It is my responsibility to assure that my contractors are aware of these requirements.

By signing this application I understand that no work may begin until the Permit has been issued and received by the Applicant.

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 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 / contractor's full knowledge and consent.

Signature

Printed Name

Date