CITY OF ALGONA

APPLICATION FOR
Fire Permit Application

200 Washington Boulevard
Algona, WA 98001
(253) 833.2897

Application #		Date Received	
Amount Paid		Received By	
Receipt #		Date Complete	

PROPERTY OWNER INFORMATION

Legal Owner's Name					
Owner's Address					
City		State		Zip	
Phone #		Email			

I certify the information furnished by me is true and correct and that I am the owner of the subject property or I have been given express permission by the owner of the subject property, to submit this application for permit. I will comply with all provisions of law, code and ordinances governing this type of construction work, including state contractor registration laws. The permit will expire if work authorized by this permit is not commenced within 180 days of issuance, or work is suspended or abandoned, after work is commenced, for a period of 180 days. The approval of construction plans and inspections does not guarantee all provisions of the applicable codes have been met. It is the responsibility of the permitee, or the person doing the work, to notify the Public Works Division for inspections at least 24 hrs in advance and insure that the required inspections are made.

Printed Name of Property Owner(s)	
Signature of Property Owner(s)	

APPLICANT INFORMATION (If different from property owner)

Applicant's Name					
Applicant's Address					
City		State		Zip	
Phone #		Email			
Applicant's Signature					

PRIMARY CONTACT INFORMATION (If different from property owner)

Contact's Name					
Contact's Address					
City		State		Zip	
Phone #		Email			

CONTRACTOR INFORMATION

Contractor's Name				
Contractor's Address				
City		State		Zip	
Phone #		Email		
Algona Business License Number		State Contractor License Number		

PROPERTY INFORMATION

Permit Type (circle): RESIDENTIAL COMMERCIAL	Value of Construction:
Address	
Parcel Number(s)/	
Acreage/Square Feet	Current Zoning	
Current Use	
Proposed Use	
Outstanding Permit(s) Numbers	
Please provide a description of your proposed project.	

PROJECT INFORMATION

Alarms	System: ☐ New ☐ Existing Number of Devices: _____
Sprinklers	System: ☐ New ☐ Existing Number of Heads: _____
Suppression	System: ☐ New ☐ Existing ☐Chemical Based ☐ Wet
Tanks	Above Ground:_____ Underground: _____ Gallons: _____ Type of Flammable or Hazardous Liquids: _____
Fire Line	System: ☐ New ☐ Existing

Application expires 180 days after Date Submitted