



**CITY OF TUKWILA  
FIRE DEPARTMENT**  
444 Andover Park East  
Tukwila, WA 98188  
206-575-4407



Date application  
accepted: \_\_\_\_\_

**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: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ City State Zip  
Fax Number: \_\_\_\_\_

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: \_\_\_\_\_