



FIRE SUPPRESSION PERMIT APPLICATION

EVERETT
WASHINGTON

CITY OF EVERETT PERMIT SERVICES

SUBMITTAL INSTRUCTIONS: See applicable submittal checklist for submittal requirements and number of copies required for review, then drop off completed application plus all required submittal documents to 3200 Cedar Street 2nd Floor Intake Drop Box.
CONTACT INFORMATION: (P) 425-257-8810 | (E) PermitServices@everettwa.gov | (W) everettwa.gov/permits

(Blue or Black Ink Only Please) **PROJECT SITE INFORMATION**

PROJECT SITE ADDRESS:	STREET	PARCEL #:	
	CITY	STATE	ZIP
SUITE/UNIT #:	FLOOR #:	ADDITIONAL LOCATION INFORMATION:	
TENANT/BUSINESS NAME (if non-residential):			

CONTACT INFORMATION

OWNER NAME:			
OWNER MAILING ADDRESS:	STREET		
	CITY	STATE	ZIP
OWNER PHONE:	OWNER EMAIL:		
CONTRACTOR COMPANY NAME:			
WA STATE CONTRACTOR LICENSE #(REQUIRED):		CITY OF EVERETT BUSINESS LICENSE #(REQUIRED):	
CONTRACTOR ADDRESS:	STREET		
	CITY	STATE	ZIP
CONTRACTOR PHONE:	CONTRACTOR EMAIL:		
PRIMARY CONTACT: <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER (Please Specify) _____			
CONTACT NAME:		CONTACT PHONE:	
		CONTACT EMAIL:	

FIRE SUPPRESSION PERMIT INFORMATION

VALUATION OF WORK: \$	ASSOCIATED PERMIT# (if applicable):
<small>(Valuation shall include the prevailing fair market value of all labor, materials, and equipment needed to complete the work, whether actually paid or not.)</small>	
BUILDING TYPE: <input type="checkbox"/> SFR <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> ADU <input type="checkbox"/> Multi-Family - # Units: _____ <input type="checkbox"/> Commercial <input type="checkbox"/> Accessory Structure	
DESCRIPTION OF WORK:	
TYPE OF INSTALLATION: <input type="checkbox"/> New Suppression System <input type="checkbox"/> Additions/Alterations to existing suppression system <input type="checkbox"/> Other - Describe above	
TYPE OF SUPPRESSION: <input type="checkbox"/> Water Suppression System - # of Heads: _____ <input type="checkbox"/> Chemical Suppression System - # of Heads: _____	
NOTE: Application must be submitted with 2 sets of plans, calcs, cut sheets, etc. See submittal checklist at everettwa.gov/permits for further information.	

ACKNOWLEDGEMENT: I have reviewed this application and confirm the information contained herein is true and correct. Work done pursuant to this permit must comply with current federal, state, and local law. The granting of a permit only authorizes approved work and no deviations therefrom. Deviations must first be authorized in writing from the Building Official before being authorized under any circumstance. I am the owner, or I am authorized by the owner of this property to perform the work for which application is made, and I comply with the State Contractors Law 18.27 RCW and 296.200A WAC.

City of Everett Official Use Only

PERMIT #

Owner/Authorized Agent Signature _____ Date _____

(Revised 4/21/2022)