



## Fire Construction Permit Application

**Development Services Department**  
 425-489-2754 • 17301 133<sup>rd</sup> Avenue NE • Woodinville, WA 98072  
 Desk Hours • Monday – Thursday 7:30am – 5:00pm • Friday 7:30am – 4:00pm

PROJECT ADDRESS: (include unit/suite #)	PERMIT NO. (City to enter)
PROJECT NAME/TENANT NAME:	PARCEL NO.:
PROPERTY OWNER NAME AND PHONE NUMBER	PROPERTY OWNER ADDRESS (include CITY, STATE, ZIP)
PRIMARY CONTACT NAME:	PRIMARY CONTACT ADDRESS (include CITY, STATE, ZIP):
PRIMARY CONTACT PHONE NUMBER:	PRIMARY CONTACT EMAIL ADDRESS:
CONTRACTOR:	CONTRACTOR ADDRESS (include CITY, STATE, ZIP):
CONTRACTOR PHONE NUMBER AND EMAIL ADDRESS:	LICENSE NUMBER & EXPIRATION DATE:
DESCRIPTION OF WORK:	
PERMITS APPLIED FOR: <input type="checkbox"/> Sprinkler <input type="checkbox"/> Alarm <input type="checkbox"/> Smoke Control <input type="checkbox"/> Tank	
CLASS OF WORK TO BE DONE: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/TI <input type="checkbox"/> Repair/Replacement/Remove	
USE OF BUILDING: <input type="checkbox"/> SFR <input type="checkbox"/> Multi-Family <input type="checkbox"/> Non-Residential <input type="checkbox"/> Mixed Use	
TYPE OF SPRINKLER SYSTEM (IF APPLICABLE) <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground <input type="checkbox"/> Suppression System <input type="checkbox"/> Standpipe	
SQUARE FEET OF STRUCTURE:	SQUARE FEET OF WORK AREA (PER RISER):
LIST QUANTITIES (ALARM): FLOW SWITCH _____ AUDIBLE _____ VISUAL _____ SMOKE DETECTORS _____ HEAT DETECTORS _____ PRESSURE SWITCH _____ LOW PRESSURE SWITCH _____ PULL STATION _____ ZONES _____	
LIST QUANTITIES (SPRINKLER): SPRINKLER HEADS _____ RISERS _____ ZONES _____ STANDPIPES (# AND TYPE) _____ OTHER _____	

*\*NOTE: Department of Labor and Industries Electrical Permit shall be posted at all fire alarm installations.*

***I certify under penalty of perjury that the information furnished by me is true and correct to the best of my knowledge. I further agree to hold harmless the City of Woodinville as to any claim (including costs, expenses, and attorneys' fees incurred in investigation and defense of such claim), which may be made by any person, including the undersigned, and filed against the City of Woodinville, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information supplied to the City as a part of this application.***

\_\_\_\_\_  
 OWNER / OWNER'S AGENT - Must sign in ink

\_\_\_\_\_  
 DATE