



Building Division

City of Snoqualmie
38624 SE River St. | PO Box 987
Snoqualmie, Washington 98065
(425) 888-5435 | www.snoqualmiewa.gov

FIRE CODE PERMIT APPLICATION

Internal Use Only

Date Received: _____ **Permit Number:** _____

Project Address: _____

Brief Description of Work: _____

Applicant Information

Owner Other

Name: _____

Address: _____

City/State/Zip: _____

Phone #: (_____) _____

Email: _____

Designer Information

Architect Designer Engineer

Name: _____

Address: _____

City/State/Zip: _____

Phone #: (_____) _____

Email: _____

Contractor

Company Name: _____ Phone #: (_____) _____

State License #: _____ Address: _____

UBI #: _____ City/State/Zip: _____

Email: _____

Property Information

Assessor's Parcel Number: _____

Lot: _____ Block: _____ Subdivision: _____

Use Zone: _____ Flood Zone: _____

Legal Description: _____

Lending or Bonding Information

Required if a job specific bond equal to at least 50% of the project is acquired or if a lender has security interest in this project

Name of Institution: _____

Address: _____

City/State/Zip: _____

Phone #: (_____) _____

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

FIRE CODE PERMIT APPLICATION WORKSHEET

Type of Construction: _____ Occupancy: _____ Fire Sprinklers: Yes No

Existing Use: _____ Proposed Use: _____

Estimated Fair Market Value of Work: \$ _____ *(Do Not Include Cost of Land or Site Development)*

Description of Work *Please Mark and Fill All That Apply*

Residential Commercial

<input type="checkbox"/> New Building	<input type="checkbox"/> Underground Fire Line	<input type="checkbox"/> Underground Tank
<input type="checkbox"/> Move Building	<input type="checkbox"/> Fire Alarm System	<input type="checkbox"/> Above Ground Tank
<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Fuel Dispensing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Addition	<input type="checkbox"/> Fire Suppression System	_____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Temporary Tent(s)	_____

Building Information

Existing Building Area: _____ sq. ft. Unfinished Basement: _____ sq. ft.

New Building Area: _____ sq. ft. Finished Basement: _____ sq. ft.

Total Building Area: _____ sq. ft. Attached Garage: _____ sq. ft.

Building Height: _____ ft. Decks/Porches: _____ sq. ft.

Number of Stories: _____

I certify that I am the legal owner or that I am an authorized owner's agent of the property described above. I agree to comply with all city and state laws relating to building construction and hereby authorize representatives of the City of Snoqualmie to enter upon the above-mentioned property for inspection purposes. I declare under penalty of the perjury laws that the information I have provided on this form/application is true, correct and complete.

Signature of Owner or Agent: _____ **Date:** _____

Company or Capacity Representing Owner: _____

Please Print Name: _____