



6100 219<sup>th</sup> Street SW, Suite 200  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267  
[PermitSpecialist@ci.mlt.wa.us](mailto:PermitSpecialist@ci.mlt.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# FIRE PROTECTION SYSTEMS CONSTRUCTION/INSTALLATION APPLICATION

**FOR STAFF USE ONLY**

Permit # \_\_\_\_\_ Receipt # \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ (Initials) DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

A [Permit Contact Information Form](#), completed and signed, is required to accompany this application

- Single-Family Residential**
                    
  **Multi-Family**
                    
  **Commercial**

Site Address \_\_\_\_\_

Description of Work \_\_\_\_\_

- \_\_\_\_\_ Number of Devices   
  Fire Alarm                     
  Fire Sprinkler                     
  Fire Suppression  
 Sprinkler System   
  Stand Pipe System                     
  Hood & Duct                     
  Spray Room/Dip Tank  
 (DAS) Radio                     
  Miscellaneous Construction \_\_\_\_\_  
(Please describe)

System Maintenance By\*: \_\_\_\_\_ System Monitored By\*: \_\_\_\_\_

\*Required for Final Inspection

I certify the information provided on this application is true and correct.

Owner / Agent \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Owner / Agent \_\_\_\_\_  
Print



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# PERMIT CONTACT INFORMATION

<b>FOR STAFF USE ONLY</b>
Permit(s) Number(s): _____
PROCESSED BY: _____ (Initials) DATE: ____/____/____

**Project Name/Name of Business (If Applicable)** \_\_\_\_\_

Subject Property Address \_\_\_\_\_ Suite No. \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

<b>Applicant</b> _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

<b>Property Owner</b> _____				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail _____			

<b>Contractor</b> _____				
<i>If Applicable</i>				
Mailing Address _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			
State License # _____	Expires _____	City Business License # _____	Expires _____	

<b>Contact Person:</b> _____				
<i>This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.</i>				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

<b>Design Professional:</b> _____				
Mailing Address: _____				
Street Address	City	State	Zip	
Phone _____	E-Mail: _____			

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_