



FIRE-RELATED PERMIT APPLICATION

CITY OF PORT ANGELES
Attn: Building Permit Technician
321 E. Fifth St., Port Angeles, WA 98362
(360) 417-4815 fax (360) 417-4711

For City Use Only:
Date Received _____
Permit # _____

Applicant _____ Phone _____
Property Owner _____ Phone _____
Property Owner's Address _____
Contractor _____ Phone _____
Contractor's Address _____
License # _____ Expires _____ E-mail _____

PROJECT ADDRESS _____
Project Business Name _____

Fire Alarm System Residential Multi-family Commercial Industrial
Check all that apply
 One addressable loop
 One zone
 Additional zones
List quantity of additional zones _____
Briefly describe the project:

PROJECT VALUATION (labor & materials) \$ _____

Fire Sprinkler System Residential Multi-family Commercial Industrial
Check all that apply
Installing backflow protection device(s)?
 yes no
≤2 inch water line (list quantity of devices) _____
>2 inch water line (list quantity of devices) _____
Briefly describe the project:

PROJECT VALUATION (labor & materials) \$ _____

Hood / Duct Fire Suppression System Residential Multi-family
 Commercial Industrial
Check all that apply
Will only the fire suppression system be installed or altered?
 yes no
Will a hood and/or ductwork be installed or altered?
 yes* no
* If yes, a mechanical permit will also be needed.
Briefly describe the project:

PROJECT VALUATION (labor & materials) \$ _____

I have read and completed this application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required, and to obtain permits prior to working on projects.

Date _____ Print Name _____ Signature _____