



FIRE PROTECTION SYSTEMS CONSTRUCTION APPLICATION

6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
Phone 425.744.6267 Fax 425.775.0420
PermitSpecialist@ci.mlt.wa.us
www.cityofmlt.com

Permit # _____

Single-Family Residential

Multi-Family

Commercial

Job Site Address _____

Description of Work _____

OWNER / AGENT CONTACT INFORMATION

<u>OWNER</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
Contact Name _____	
Ph _____ Fax _____	
E-mail _____	

<u>CONTRACTOR</u>	
Name _____	
Address _____	
City _____ State _____ Zip _____	
Ph _____ Fax _____	
E-mail _____	
State Lic. # _____	
City Lic. # _____	

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Miscellaneous Construction |
| <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Stand Pipe System | <input type="checkbox"/> Hood & Duct | <input type="checkbox"/> Spray Room/Dip Tank |

System Maintenance By: _____

System Monitored By: _____

Plan Sets Required: Three (3)

I certify to the best of my knowledge, the information provided on this permit application is true and correct.

Sign Owner / Agent _____ Date _____

Print Owner / Agent _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Permit Fee \$ _____ Receipt Number _____ Date _____