FIRE PROTECTION SYSTEM PERMIT APPLICATION

400 SW 152nd ST, Suite 300 Burien, WA 98166
Phone: (206) 248-5520 ● FAX: (206) 248-5539
www.burienwa.gov

Date_____/_____/_____

Burien Business License number:_____ **Permit #**_____-_____

PARCEL # _____Single Family ☐ Multi-Family ☐ Commercial ☐

SITE LOCATION
Tenant/Owner _____Phone_____

Address/City/State/_____

Nature of Work_____ Project Valuation: $_____

APPLICANT
Name_____

Address/City/St/Zip _____

Contact Person _____Phone_____ E-Mail_____

CONTRACTOR
Company Name_____

Address/City/St/Zip_____

Contact Person_____Phone_____ E-Mail_____

State L & I Contractor Registration # _____ Exp. Date _____
(Card must be presented)

PLEASE SUBMIT THREE (3) SETS OF DRAWINGS AND CUT SHEETS PER NFPA STANDARDS
MAXIMUM PLAN SHEET SIZE: 24" X 36"

DISCLAIMER: I certify, under penalty of perjury, that the information furnished by me is true and correct to the best of my knowledge and further that I am authorized by the owner of the above premises to perform the work for which permit application is made. I further agree to save harmless the City of Burien 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 Burien 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/Agent _____ **Date**_____