

TENANT IMPROVEMENT PERMIT APPLICATION

		PERMIT APPLICATION
THE CITY OF FIRCREST		
115 RAMSDELL STREET • FIRCREST, W.	VASHINGTON 98466-6999 • (253) 564-8901 • FAX (253) 566-0762	
PROJECT ADDRESS		Parcel Number
PROJECT VALUATION:		
APPLICANT	Phone	Email address
Address (Street, City, State, Zip)		
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DRODEDTY OWNED	Dia	For the delice of
PROPERTY OWNER	Phone	Email address
Address (Street, City, State, Zip)		
CONTRACTOR	Phone	Email address
	1 110110	
Address (Street, City, State, Zip)		
Address (Street, City, State, Zip)		
Control to the Historian H	Fire Data	LIDI#
Contractor License #	Exp Date	UBI#
Has a Current Fircrest Business Licen	nse \square	
Will the applicant be the contact person: Yes No		
If no, please specify (name and phone number):		
PROJECT DESCRIPTION		
Occupancy Classification: Is the Building S		ing Sprinkled: ☐ Yes ☐ No
Type of Construction: # of Stories: Total Square Footage: Square Footage per flo		
Parking Spaces Provided: Barrier Free Spaces: Is the space to be occupied served by Pierce County Sewer? □ Yes □ No		
Is the space to be occupied serve	d by Pierce County Sewer? U Yes	L No
If yes, please attach pre-treatment review and approval documentation for this individual space.		
If plumbing or mechanical work is to be done, please include corresponding applications		
I hereby certify that the information provided is correct and that the construction on the above-described property, the occupancy,		
	vided is correct and that the construction or iws, rules, and regulations of the state of W	
and use will be in accordance with the la	.vvs, ruics, and regulations of the state of W	asimigion and the Micrest Municipal Code.
Print Name:	☐ Owner	☐ Agent/Other (specify)
		(open.//
Signature:	Date:	