

 THE CITY OF FIRCREST <small>115 RAMSDELL STREET • FIRCREST, WASHINGTON 98466-6999 • (253) 564-8901 • FAX (253) 566-0762</small>		FIRE PROTECTION SYSTEM PLAN REVIEW APPLICATION <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
PROJECT ADDRESS		Parcel Number	
PROJECT VALUATION:			
APPLICANT		Phone	Email address
Address (Street, City, State, Zip)			
PROPERTY OWNER		Phone	Email address
Address (Street, City, State, Zip)			
CONTRACTOR		Phone	Email address
Address (Street, City, State, Zip)			
Contractor License #		Exp Date	UBI#
Has a Fircrest Business License <input type="checkbox"/>			
PROJECT DESCRIPTION			
Submit completed application with digital set of plans. (permits@cityoffircrest.net) <ul style="list-style-type: none"> Permits are issued by the City of Fircrest. Plans are reviewed and inspected by the Tacoma Fire Department. 			
Type of System: <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other		Device Count: _____ Detectors _____ Pull Stations _____ Notification Devices	
		City of Fircrest Alarm Permit # _____ <i>(if applicable)</i>	
<i>All monitored alarms within the City require a valid alarm permit issued from Fircrest Police Department. Call 253-565-1198; www.cityoffircrest.net/Police_department.html</i>			
I hereby certify that the information provided is correct and that the construction on the above-described property, the occupancy, and use will be in accordance with the laws, rules, and regulations of the state of Washington and the Fircrest Municipal Code.			
Print Name: _____		<input type="checkbox"/> Owner <input type="checkbox"/> Agent/Other (specify)	
Signature: _____		Date: _____	
<i>A Fircrest Business License is required for all contractors doing business in the City of Fircrest</i>			