

Fire & Life Safety Permit Application
CITY OF GRANDVIEW CODE ENFORCEMENT
Grandview, WA 98930
(509) 882-9225

OWNER: _____ **APPLICANT:** _____

MAILING ADDRESS: _____ **PROJECT ADDRESS:** _____

PHONE: _____ **MESSAGE PHONE:** _____ **TAX PARCEL NUMBER:** _____

CONTRACTOR: _____ **CONTRACTOR PHONE:** _____

CONTRACTOR MAIL ADDRESS: _____ **CONTACT:** _____

CONTRACTOR LICENSE NO: _____ **EXPIRATION DATE:** _____
CIRCLE ONE

BUILDING USE: **INDUST** **COMM** **SF** **MF** **PUBLIC** **FED**

Installation Removal

Flammable or Combustible Liquids Storage

Liquefied Petroleum Gas Storage

Number of Gallons _____

If Out-of-Service, for How Long? _____

Sprinkler Systems Fire Alarm Systems

Square Footage of Structure _____
Required for Sprinkler &/or Alarms

Plan Review Fee Required? (Building Official will Determine)

I hereby certify that I have read and examined this application to know the same to be true and correct. All provisions of laws and ordinances governing this work will be complied with whether specified herein or not.

Signature of Owner/Authorized Agent

Date