



Fire Impact Fee Information

Application Date: _____

Permit Number: _____

Project Name: _____

Assessor's Parcel Number: _____

Proposed Primary Structure Use: (Circle One)

Assisted Living Church Hospital Medical Facility
Multi-family One- and two-family School Other

Additional Structure Information: (Select One Category)

One and Two-Family:

Number of Dwelling Units: _____

Accessory Dwelling Unit? (Circle One) Yes No

Multi-Family:

Number of Dwelling Units: _____

Total square footage of common space:

All Others:

Total square footage:

Voluntary Fire Sprinkler Installation? (Circle One) Yes No

Provide Copy of Water Availability/Fire Flow from water purveyor

Fire Prevention

24611 116th Avenue SE, Kent, Washington 98030
253.856.4400