Kent Fire Department
Internationally Accredited Fire Agency
Location: 400 W. Gowe St.
Mail to: 220 4th Avenue South
Kent, WA 98032-5895
Office: 253-856-4400 · Fax: 253-856-6400

Rtg. Type	Tracking Number
Permit Name	
Permit Type	
Date Submitted	
Projected Review Date	
Receipt Number:	

Serving the Cities of Kent, Covington and King County Fire District 37

Fire Permit Application

Please Print in Black Ink Only

Permit Address: _____

Permit Name: _____

Assessors Parcel No: _____

Building Owner	
Name:	
Address:	
City:	Zip:
Phone:	

Contractor	
Name:	
Address:	
City:	Zip:
Phone:	
ID #:	Expiration Date:

Describe the scope of work in detail: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Estimated valuation: $ _____

Project Contact: *(person receiving all project communication)*		
Name:		
Contact Person:		
Address:		
City:	State:	Zip:
Phone(s):		
Fax:		
E-mail:		

Applicant: ❑ OWNER ❑ OWNER'S AGENT ❑ CONTRACTOR ❑ CONTRACTOR'S AGENT

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes. I am either the owner of the property described on this permit application, the Washington State registered contractor responsible for the work, or I represent the owner or contractor, as signified above and am acting with the owners/contractors full knowledge or consent. I understand that the city is not an insurer of title to the property affected by this application and that the city is relying upon applicant's representation of legal authority to conduct the work contemplated in this application.

Print name of permit holder: _____ Date: _____

Permit holder's signature _____