



Fire Impact Fee Information

Application Date: _____

Permit Number: _____

Project Name: _____

Assessor's Parcel Number: _____

Proposed Primary Structure Use:

- | | | | |
|--|---|-----------------------------------|---|
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Church | <input type="checkbox"/> Hospital | <input type="checkbox"/> Medical Facility |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> One and Two-Family | <input type="checkbox"/> School | <input type="checkbox"/> Other |

Additional Structure Information (select one category):

One and Two-Family:

Number of Dwelling Units: _____

Accessory Dwelling Unit? Yes No

Multi-Family:

Number of Dwelling Units: _____

Accessory Dwelling Unit? Yes No

All Others:

Total Square Footage: _____

Voluntary Fire Sprinkler Installation? Yes No

Provide copy of Water Availability/Fire Flow from water purveyor.

Fire Prevention

220 Fourth Avenue South, Kent, Washington 98032
253.856.4400