



Permit #:		Received by:	
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OFFICE USE ONLY

Applicant - Complete the Following

Name of Applicant:			
Mailing Address:			
City/State:		Zip:	

Daytime Phone:		Fax Number:		Email:	
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- Modification
 Alternative Design
 Alternative Material

State What Code Section is Being Modified or Altered:

Description of Request:

Signature(s):	Date:

If you need more space, please attach documents to this application. If you have any questions, call Community Risk Reduction/Fire Prevention at (253) 856-4400.