



Community Risk Reduction / Fire Prevention
 400 West Gowe Street, Kent, Washington 98032
 Phone: 253.856.4400 • Fax: 253.856.6301

Serving the Communities of Covington, Kent, Maple Valley, SeaTac, Fire Districts 37 & 43

Fire Permit Application

Please Print in Black Ink Only

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

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: _____

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

Estimated valuation: \$ _____

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 _____