

# FIRE SERVICES PERMIT APPLICATION

Sammamish, WA 98075 425-295-0500 | www.sammamish.us

# **ABOUT FIRE SERVICES PERMITS**

Fire permits are necessary because they ensure projects adhere to fire safety codes, allowing fire departments to review plans, inspect installations of fire protection systems listed below, and verify that the building design minimizes fire hazards, ultimately protecting lives and property in case of a fire.

Fire service permits are available for:

- Fire Alarms
- Fire Alarm Transmitters
- Fire Sprinklers
- Fireworks Display
- Kitchen Hoods and Ducts
- Storage Tanks
- Temporary Tents
- Underground Fire Service

Each permit option above has its own submittal checklist that details fees, submittal instructions, and required submittal documents.

### **FEES**

Applicable fees are listed in each submittal checklist.

# **Submittal Instructions**

Utilize the appropriate checklist to identify all submittal items and access submittal instructions.

Complete & save this form before uploading it to MyBuildingPermit.com in the "File Upload" section along with the rest of the submittal documents.

#### **Code Reference**

International Fire Code Adopted SMC 16.05.130

#### Resources

www.MyBuildingPermit.com
Applications & Forms

#### Questions?

Contact the Permit Center

City of Sammamish 801 228th Ave SE Sammamish, WA 98075 www.sammamish.us

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# FIRE SERVICES PERMIT APPLICATION

OWNER INFORMATION		
Name:	Company:	
	(if applicable)	
Address:		
Phone:	E-Mail:	
APPLICANT/REPRESENTATIVE INFO	RMATION	
Name:	Company:	
	(if applicable)	
Address:		
Phone:	E-Mail:	
PROJECT INFORMATION		
Project Description:		
PROPERTY INFORMATION		
Property Address:		
Parcel Number:	Zoning:	Water District:
Legal Description:		
FIRE SERVICES CONTRACTOR		
FIRE SERVICES CONTRACTOR		
Namo	Company:	
Name:	Company:	
Name: Address:	E Maril.	
Name: Address: Phone:	E-Mail:	
Name: Address:	E-Mail:	
Name: Address: Phone:	E-Mail:	
Name: Address: Phone: State License #:  CERTIFICATIONS & SIGNATURES I certify that I am the owner/authorized age	E-Mail: Expiration:  ent of this property or a	n appropriately licensed contractor/firm's
Name: Address: Phone: State License #:  CERTIFICATIONS & SIGNATURES I certify that I am the owner/authorized age authorized agent, and the installation of the	E-Mail:  Expiration:  ent of this property or an entory work described will be	n appropriately licensed contractor/firm's performed in accordance with all
Name: Address: Phone: State License #:  CERTIFICATIONS & SIGNATURES I certify that I am the owner/authorized age authorized agent, and the installation of the	E-Mail: Expiration:  ont of this property or an experiment work described will be contractor registration la	n appropriately licensed contractor/firm's
Name:  Address:  Phone:  State License #:  CERTIFICATIONS & SIGNATURES  I certify that I am the owner/authorized age authorized agent, and the installation of the applicable laws and codes, including state or result in the revocation of any permit from the content of the state of the content of the state of the stat	E-Mail: Expiration:  ont of this property or an experiment work described will be contractor registration la	n appropriately licensed contractor/firm's performed in accordance with all laws. I understand that failure to comply may

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