



FIRE-RELATED PERMIT APPLICATION

CITY OF PORT ANGELES
Attn: Building Permit Technician
321 E. Fifth St., Port Angeles, WA 98362
(360) 417-4817 fax (360) 417-4711
permits@cityofpa.us

FIRE DEPARTMENT
Attn: Fire Marshal
102 E. Fifth St., Port Angeles, WA 98362
(360) 417-4653 fax (360) 417-4659
msanders@cityofpa.us

Project Address: _____

Project Business Name: _____

For City Use Only
Date Received: _____
Permit #: _____

Applicant _____ Phone _____
Property Owner _____ Phone _____
Property Owner's Address _____
Contractor _____ Phone _____
Contractor's Address _____
License # _____ Expires _____ E-mail _____

Briefly describe the project: _____

Project Valuation (labor & materials) \$ _____

Fire Alarm System
Check all that apply:
 Residential Multi-family Commercial Industrial
 Addressable loop
 Zone, quantity of additional zones _____

Fire Sprinkler System
Check all that apply:
 Residential Multi-family Commercial Industrial
Installing backflow protection device(s)? Yes No
≤2 inch water line (list quantity of devices) _____
>2 inch water line (list quantity of devices) _____

Hood/Duct Fire Suppression System
Check all that apply:
 Residential Multi-family Commercial Industrial
Will only the fire suppression system be installed or altered? Yes No
Will a hood and/or ductwork be installed or altered? Yes No
*if yes, a mechanical permit will also be needed.



- Plan Submittal Requirements:**
- Electronically submit application and all plan documents to permits@cityofpa.us
 - Once reviewed and approved, Permit conditions will be listed on final permit document

I have read and completed this application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required, and to obtain permits prior to working on projects.

Date _____ Print Name _____

Signature _____