



**CITY OF LACEY**  
Community Development Department  
420 College Street SE  
Lacey, WA 98503  
(360) 491-5642

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## FIRE SPRINKLER PERMIT APPLICATION

PLEASE INCLUDE (4) SETS OF COMPLETE AND SCALED PLANS FOR EACH FIRE SPRINKLER PERMIT APPLICATION. INCLUDE ELECTRICAL PLANS WHERE APPLICABLE. ALSO, INCLUDE SPECIFICATION SHEETS, WIRING DIAGRAMS (POINT TO POINT WIRING), AND ALL OTHER INFORMATION ON EQUIPMENT PROPOSED TO BE INSTALLED PRIOR TO INSTALLATION.

**Type of Permit (check one):**  New Fire Sprinkler  Fire Sprinkler Add/Alt  Underground Fire Sprinkler

Project Address \_\_\_\_\_ Parcel Number \_\_\_\_\_

Project Value \_\_\_\_\_ Number of Heads \_\_\_\_\_ Building Area (Sq. Ft.) \_\_\_\_\_

Will you be using employees on this project subject to State Industrial Insurance requirements?  Yes  No

**Owner** \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Person** \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contractor** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Contractor's License Number \_\_\_\_\_ Expiration \_\_\_\_\_ City Bus. Reg. \_\_\_\_\_

I hereby certify that the above information is correct and that the construction on, and the occupancy and the use of the above-described property will be in accordance with the laws, rules and regulations of the State of Washington.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant's Name