



Fire Prevention
 Location: 701 East 3rd Avenue
 Mail to: PO Box 1579 • Moses Lake, WA 98837
 (509) 765-2204 FAX: (509) 765-2291

Permit #:	
Permit Name	Date
Permit Type	Routing

Fire Department Permit Application

NEW CONSTRUCTION

Application expires 180 days after date submitted

Name of applicant: _____ Parcel No: _____

Permit Address: _____

Mailing Address: _____

Fire Protection System Type: _____ Engineer's Cost Estimate: _____

Describe the scope of the work **in detail:** (attach additional sheets as necessary) _____

Building Owner		
Name:		
Manager/contact Person:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

Contractor		
Company Name:		
ID#:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

Project Contact		
Name:		
E-mail:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

Designer / Consultant		
Company Name:		
Designer Name:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

PAID: _____

DATE _____
 RECEIPT OR CHECK #: _____

FEE AMOUNT: _____

RECEIPTED BY: _____