



FOR OFFICE USE ONLY	
Permit #(s)	_____
Date:	_____

**MONROE FIRE DEPARTMENT**  
 163 Village Court • Monroe, WA 98272  
 Phone: (360) 805-0338 • Fax: (360) 794-0959  
[www.monroefire.org](http://www.monroefire.org)

**SUBMIT TO: CITY OF MONROE PERMIT DEPARTMENT**  
 806 West Main Street • Monroe, WA 98272  
 Phone: (360) 794-7400 • Fax: (360) 794-4007  
[www.ci.monroe.wa.us](http://www.ci.monroe.wa.us)

## CONSTRUCTION PERMIT APPLICATION

**Permit Submittal Hours Monday through Friday:**

Building, Fire & Land Use permits: 9:00 am – 12:00 pm & 2:00 pm – 4:00 pm  
**Verify Current Fee Schedule with Permit Staff Before Submitting Application**  
[http://www.monroefire.org/fire\\_marshall/forms/permit/fire\\_fee\\_schedule.pdf](http://www.monroefire.org/fire_marshall/forms/permit/fire_fee_schedule.pdf)

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|---|---|
| <input type="checkbox"/> Automatic Fire Extinguishing System (105.7.1)                | <input type="checkbox"/> Industrial Ovens (105.7.8)   |
| <input type="checkbox"/> Battery Systems (105.7.2)                                    | <input type="checkbox"/> LP-Gas (105.7.9)   |
| <input type="checkbox"/> Compressed Gases (105.7.3)                                   | <input type="checkbox"/> Private Fire Hydrants (105.7.10)                                     |
| <input type="checkbox"/> Fire Alarm & Detection Systems & Related Equipment (105.7.4) | <input type="checkbox"/> Spraying or Dipping (105.7.11)                                       |
| <input type="checkbox"/> Fire Pumps & Related Equipment (105.7.5)                     | <input type="checkbox"/> Standpipe Systems (105.7.12)   |
| <input type="checkbox"/> Flammable & Combustible Liquids (105.7.6)                    | <input checked="" type="checkbox"/> Temporary Membrane Structures Tents & Canopies (105.7.13) |
| <input type="checkbox"/> Hazardous Materials (105.7.7)                                |   |

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS (SEE PAGE 3)**

Site Address or Property Location: \_\_\_\_\_

Size of site (acre/square feet): \_\_\_\_\_

Assessor's Tax Parcel Number (14 digits): \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

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

Property Owner: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

\*\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

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

**ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES**

\*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf. \*\*Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.



PART 4 – INSPECTION REQUESTS
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Final approval is subject to field inspection. Following permit issuance, you may install your project. Once your project is complete in accordance with your approved plans, please call for inspection. Your permit files are not closed until the work has been approved by an inspector.

FIRE INSPECTION REQUEST LINE

360.805.0338

Every effort will be made to accommodate same-day inspection requests made before 8am.

Fire Inspections are performed Monday through Friday, 8am until 3pm.

Provide the following information when requesting an inspection:

1. Site Address
2. Type of Inspection Requested: Construction Permit
3. Permit Number
4. Date and Time of Requested Inspection
5. Your Name
6. Callback Phone Number

Combined Permit Application

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Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Fax #: \_\_\_\_\_

Contractors License # \_\_\_\_\_ Exp Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contractor's Bond Company: \_\_\_\_\_

Contractor's Bid Amount or Project Cost (labor and materials): \$ \_\_\_\_\_

Detailed description of proposal/work: \_\_\_\_\_

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Lending Institution for project (if applicable): \_\_\_\_\_

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Plan Check Fee: \$ _____	Permit Fee: \$ _____
Fire Plan Check Fee: \$ _____	State Fee: \$ _____
Other Fees: \$ _____	SEPA Fee: \$ _____