



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)

- |   |  |
|---|--|
| <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 checked="" 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 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.

# SUBMITTAL REQUIREMENTS

## CONSTRUCTION PERMIT – IFC 105.7.5

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**PART 1 – SCOPE**

- 1a. Indicate Scope of Work  
 Installation       Modification
- 1b. Indicate Components Involved  
 Fire pump       Jockey pump       Fuel Tank       Controller       Generator

**PART 2 – OVER-THE-COUNTER PERMIT**

Your project does not qualify for an over-the-counter permit.

**PART 3 – CONSTRUCTION DOCUMENTS**

**REQUIRED SUBMITTAL ELEMENTS**

(These items are required in order to be considered a complete application)

- Two Copies of Floor Plan indicating the following:
- Location of fire pump and related components
  - Method to maintain 40-degree pump room temperature
  - Show all valves connected to the FACP
- Two Copies of any pertinent equipment, valve or piping cut sheets

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**PART 4 - INSPECTION REQUESTS**

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \$ \_\_\_\_\_