

**PART 4 – INSPECTION REQUESTS**

Work begun before permit issuance is subject to work stoppage, criminal penalties, and triple permit fees.

Following permit issuance, you may install your project. Final approval is subject to field inspection. 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: Flammable & Combustible Liquids Construction Permit
3. Permit Number
4. Date and Time of Requested Inspection
5. Your Name
6. Phone Number (in case requested inspection time can't be met)



**FOR OFFICE USE ONLY**

Permit #(s) \_\_\_\_\_

Date: \_\_\_\_\_

**MONROE FIRE DEPARTMENT**

163 Village Court • Monroe, WA 98272  
 Phone: (360) 794-7666 • 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)

# FIRE 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)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Automatic Extinguishing Systems (105.7.1)</li> <li><input type="checkbox"/> Battery Systems (105.7.2)</li> <li><input type="checkbox"/> Compressed Gases (105.7.3)</li> <li><input type="checkbox"/> Fire Alarm and Detection Systems (105.7.4)</li> <li><input type="checkbox"/> Fire Pump and Related Equipment (105.7.5)</li> <li><input type="checkbox"/> Flammable and Combustible Liquids (105.7.6)</li> <li><input type="checkbox"/> Hazardous Materials (105.7.7)</li> <li><input type="checkbox"/> Industrial Ovens (105.7.8)</li> <li><input type="checkbox"/> LP-Gas (105.7.9)</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <del>Private Fire Hydrants (105.7.10)</del> Deleted by local ordinance</li> <li><input type="checkbox"/> Spraying or Dipping (105.7.11)</li> <li><input type="checkbox"/> Standpipe Systems (105.7.12)</li> <li><input type="checkbox"/> Temporary Membrane Structures, Tents &amp; Canopies (105.7.13)</li> <li><input type="checkbox"/> Retail Fireworks Stand</li> <li><input type="checkbox"/> Temporary Fireworks Storage</li> <li><input type="checkbox"/> Public Display Fireworks</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|--|---|

**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.



Combined Permit Application - Page 2

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): \_\_\_\_\_

FOR OFFICE USE ONLY

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



## SUBMITTAL REQUIREMENTS

### FLAMMABLE / COMBUSTIBLE LIQUIDS CONSTRUCTION PERMIT – IFC 105.7.9

#### **PART 1 – GENERAL**

- 1a. Is permit for Aboveground or Underground Storage Tank (UST) Removal?
- Yes – You are Finished with Part 1 – Go to Part 2
  - No – Note: Abandonment of UST is not allowed in City of Monroe – must be removed.
- 1a. Is area protected by Fire Sprinklers?
- Yes Fire Sprinkler Density from Hydraulic Nameplate: \_\_\_\_\_gpm/sf over \_\_\_\_\_sf
  - No
- 1b. Occupancy Classification (circle): A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 R U
- 1c. Is product stored in approved storage cabinets?  Yes  No
- 1d. Class of product (if multiple classes, indicate quantities of each in Part 1e):
- IA  IC  IIIA
  - IB  II  IIIB
- 1e. Quantity of Storage: \_\_\_\_\_gallons      Quantity in Use – Closed System: \_\_\_\_\_gallons  
Quantity in Use – Open System: \_\_\_\_\_gallons
- Note: quantities must be expressed in terms of the size of their container, regardless of whether the container is full or empty.**
- 1f. Method of Secondary Containment (if applicable): \_\_\_\_\_

#### **PART 2 – OVER-THE-COUNTER PERMIT**

Your project qualifies for an over-the-counter permit if you are removing a UST or AST as a contractor licensed to do so in the State of Washington. Please provide a site plan of the removal location with this application. You will be issued an over-the-counter permit and may remove the UST or AST after permit issuance. Provide written report to 360.794.0959 or [fireprevention@monroefire.org](mailto:fireprevention@monroefire.org) after removal, indicating your findings and disposition.

#### **PART 2 – CONSTRUCTION DOCUMENTS**

##### **REQUIRED SUBMITTAL ELEMENTS**

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

Two copies of scaled Site Plan (1" = 20' or larger)

Two copies of scaled Floor Plan (1/8" = 1' or larger)

Two copies of any tank, equipment, valve, or piping cut sheets

Two copies of MSDS for each product

ALL Plans should include the following when applicable:

- Indoor and outdoor Production, Distillation, Dispensing, Processing, and Storage Locations with Product Types and Quantities indicated
- Buildings, building openings, property lines, public ways
- Location of No Smoking and NFPA 704 SIGNAGE
- Location and size of portable fire extinguishers
- Location of bollards (if necessary)
- Location of any equipment and piping