



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

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

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

- | | |
|---|--|
| <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 checked="" 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 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 105.7.3

PART 1 – TYPE, VOLUME, & SCOPE

1a. Indicate type and volume of gas that will be in Use:

Gas	Volume-Use (ft ³ at NTP)	Volume-Storage	Permit Threshold
<input type="checkbox"/> Corrosive	_____	_____	200cf
<input type="checkbox"/> Flammable	_____	_____	200cf
<input type="checkbox"/> Highly toxic	_____	_____	Any
<input type="checkbox"/> Inert & Simple Asphyxiant	_____	_____	6000cf
<input type="checkbox"/> Oxidizing (including O ₂)	_____	_____	504cf
<input type="checkbox"/> Pyrophoric	_____	_____	Any
<input type="checkbox"/> Toxic	_____	_____	Any

1b. Indicate the scope of work:

- New Installation
- Damage Repair
- Abandonment
- Removal
- Temporarily Disable
- Substantial Modification

1c. Is this project for medical gases (inhalation, sedation)? ___ No ___ Yes

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 or site Plan indicating the following:
 - Tank or Storage Location, indicating method of restraint
 - Location of manifolds
 - Location of No Smoking SIGNAGE
 - If located in vault, provide details on secondary containment, anchoring, impact protection, ventilation, detection, venting
 - Show piping system with all regulators, manifolds, and valves
- Two MSDS copies of each gas with volumes in use & storage

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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

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: \$ _____