

Signature:

City of Airway Heights 1208 S. Lundstrom Street Airway Heights, WA 99001 Phone (509) 244-5514 Fax (509) 413-1382 www.cawh.org

(STAFF USE ONLY)			
PERMIT NUMBER:			
PERMIT FEE:			

FIRE SAFETY PERMIT APPLICATION

SITE ADDRESS:	PARCEL NO:	
OWNER:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:	EMAIL:	
PHONE:	CELL:	FAX:
CONTRACTOR:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
CONTACT NAME:	EMAIL:	
PHONE:	CELL:	FAX:
CONTRACTOR LICENSE NO.:	EXPIRES:	
OCCUPANT OF STRUCTURE:		
PHONE:	CELL:	FAX:
CONTACT NAME:	EMAIL:	
TYPE OF PERMIT: FIRE SPRINKLERS FIRE ALARM HOOD FIRE SUPPRESSION ABOVE GROUND STORAGE TANK	PAINT BOOTH BLASTING FIREWORKS EXTRACTION/CO2 SYSTEMS	TENTS
DESCRIBE THE SCOPE OF WORK IN DETAIL:		
TOTAL COST OF PROJECT: \$		
DISCLAIMER The permitted verifies, acknowledges and agrees by their signature that potable water.2) Ownership of this City of Airway Heights permit inure represent the property owner in this transaction. 4) All construction is available for review at the City of Airway Heights Building Department. federal, state, or local laws, codes or ordinances. 6) Plans or additional application can be processed,	to the property owner. 3) The signatory is the property to be done in full compliance with the City of Airway He 5) The City of Airway Heights permit is not a permit or	owner or has permission to eights code. Referenced codes are approval for any violation of

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Date: