



**Fire Prevention**  
 Location: 701 East 3<sup>rd</sup> Avenue  
 Mail to: PO Box 1579 • Moses Lake, WA 98837  
 (509) 765-2204 FAX: (509) 765-2291

Permit #:	
Permit Name	Date
Permit Type	Routing

# Fire Department Permit Application

**OPERATIONS PERMIT**

*Application expires 180 days after date submitted*

Name of applicant: \_\_\_\_\_ Parcel No: \_\_\_\_\_

Permit Address: \_\_\_\_\_

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

Fire Protection System Type: \_\_\_\_\_ Engineer's Cost Estimate: \_\_\_\_\_

Describe the scope of the work **in detail:** (attach additional sheets as necessary) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Building Owner		
Name:		
Manager/contact Person:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

Contractor		
Company Name:		
ID#:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

Project Contact		
Name:		
E-mail:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

Designer / Consultant		
Company Name:		
Designer Name:		
Address:		
City:	State:	Zip:
Phone(s):	Fax:	

PAID: \_\_\_\_\_

DATE \_\_\_\_\_  
 RECEIPT OR CHECK #: \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_

RECEIPTED BY: \_\_\_\_\_