



FIRE APPLICATION

Sprinkler Alarm Other

Project Name: _____

Site Address: _____ Suite# _____ County: Pierce King

Brief Description of work: _____

Parcel Number(s): _____ Valuation of Project (\$): _____

Primary Contact:

Phone: _____ Email: _____

Property Owners:

(if different)

Phone: _____ Email: _____

Contractor:

Phone: _____ Email: _____

Contractor License: _____ Expiration Date: _____

Milton Business

License: Yes No

UBI #:

Please send

invoices to: Applicant Property Owner Contractor

DETAILS

Fire Sprinkler System		Fire Alarm	
Number of Heads		Number of Devices	
Other Fixed Fire Extinguisher System:			

Please provide a digital Submission: Send Application to permits@cityofmilton.net. Once received we will send you the link and instructions to upload submittals. Other items may be requested.

CERTIFICATION

I, the undersigned, hereby certify that this application has been made with the consent of the lawful property owner(s) and that all information submitted on or with this application is complete and correct. I understand that false statements, errors, and/or omissions may be sufficient cause for denial of any related applications. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction of the performance of construction.

RIGHT OF ENTRY: By signing this application the applicant grants the City and its agents the right to enter upon the premises for purpose of conducting all necessary inspection to determine compliance with applicable laws, codes and regulations. This right of entry shall continue until a certificate of occupancy is issued for the property.

Signature of Applicant: _____ Date _____

Signature of Owner(*or authorized agent*): _____ Date: _____